

COUNTY OF SURREY

Urban District of Woking



REPORT

of the

MEDICAL OFFICER OF HEALTH

and

SCHOOL MEDICAL OFFICER

together with the Report of the

CHIEF PUBLIC HEALTH INSPECTOR

for the year 1965



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URBAN DISTRICT COUNCIL OF WOKING

HEALTH COMMITTEE

1965/66

Chairman:

\*COUNCILLOR MRS. M.M. WALMSLEY

Vice-Chairman:

\*COUNCILLOR D.A. BOORMAN

The Chairman of the Council:

COUNCILLOR T. LEAM, J.P., C.C.

COUNCILLOR A. COPPING  
COUNCILLOR MRS. D.E. GALE  
\*COUNCILLOR MRS. R.F. McGAW  
\*COUNCILLOR MRS. D.M. ONGLEY  
COUNCILLOR W.J.E. PETT

\*COUNCILLOR MRS. P. POOLE  
COUNCILLOR E.J. SMITH  
COUNCILLOR MAJOR C.W. SUMMERS  
\*COUNCILLOR MRS. M. WARRICK  
\*COUNCILLOR A.R. WENDEN

\*Indicates members of Medical Services Sub-Committee

CO-ORDINATING WELFARE SERVICES SUB-COMMITTEE

COUNCILLOR D.A. BOORMAN )  
COUNCILLOR MRS. R.F. McGAW )  
COUNCILLOR MRS. D.M. ONGLEY )  
COUNCILLOR MRS. P. POOLE )  
COUNCILLOR MRS. M.M. WALMSLEY )

Representatives of Health  
Committee

MRS. W.G. RUSSELL

Guild of Social Service

MRS. M.G. MASON

British Red Cross Society

MRS. W. ROBINSON

Women's Voluntary Service

MRS. J. TRUMAN-COX

Mentally Handicapped Society

MRS. M.E. RICHARDSON

Representative of Old  
People's Clubs

REV. R.J. LEE

Woking Christian Council

MRS. B. HURRELL

Joint Representative of Family  
Planning and Marriage Guidance

MRS. J. HOULTON

Representing R.C. Churches



## TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE

Madam Chairman, Ladies and Gentlemen,

I beg to present the Annual Health Report for the year ending 31st December, 1965. May I apologise for the later production of the Report. As you know the department has been severely affected by shortage of staff. Early in the year Mr. Davies, the Chief Public Health Inspector, died after some months of severe illnesses; the whole department sadly misses his advice, guidance and enthusiasm. Dr. Edmondson, Assistant Medical Officer, has been away for nearly nine months following a severe motor accident, and in spite of repeated advertisements we have been unable to obtain a single applicant for the post of Deputy Medical Officer. My own illness also slowed down the pace in the department.

I am indeed grateful to Mr. Barnett, the Deputy Chief Public Health Inspector, who has carried on the work of the environmental section, to the number of sessional Medical Officers who have kindly helped, coming often from some distance at short notice, and not least the permanent members of professional and administrative staff who have helped me so considerably.

Reverting to the Annual Report of 1965, I would like to draw your attention to some of the features of the report.

### General Health and Statistics

This section has been largely rewritten in order to take advantage of work done in reviewing the 10-year future programme requested by the Ministry of Health. A graph and estimated increases in population have been given and a brief summary of the proposals are included.

Woking, in their review advice to the County Council, placed first priority on the programming of three new Health Centres in order to encourage the integration of the local authority services more closely with the General Practitioner services. It is of some interest to learn that Woking's only purpose built clinic was built in 1923.

The general health of the area and the statistics show a satisfactory state. There was a small fall in birth and death rates for the year. The increase in illegitimate births largely reflects the increased bed strength at the Surrey County Council Mother and Baby Home.

### Personal Health Services

During the year there were several changes of nursing staff and some difficulty in replacing permanent appointments; fortunately the work was carried by part-time staff.

Steady progress is being made in starting social clubs for the physically handicapped and the mentally disordered. In this



connection I am very happy to record the growing interest and help both the department and the various voluntary organisations receive from the younger age groups of the town.

For many years the senior schools have encouraged activities in the school specially for making contributions to local and national charitable organisations and this has resulted in the last two years in a spontaneous desire among the pupils to make more practical contributions. Individual efforts are also increasing, both locally and by those going overseas serving in the V.S.O. One young person who has helped with the Mentally Ill Club since its inception had his 21st birthday party with them.

The Co-ordinating Welfare (Voluntary and Statutory) Services Sub-Committee continued to meet quarterly and is slowly gaining the confidence of the large number of interested but hesitant societies and groups.

The most welcome and valuable addition to the services in Woking was the commencement of regular weekly visits of the Mass Radiography Unit to the centre of Woking. The service is available to the public over the age of fifteen without appointment and without medical recommendation. Recent statistics indicate that these spontaneous visits, often by persons feeling unwell for some time but with no specific complaints, have resulted in a relatively higher pick-up rate both for tuberculosis and lung cancer. This method also encourages the growing awareness of the public for the early detection of the cancers.

### Environmental Health

The transfer to the department from the Engineer and Surveyor's Department of their section dealing with Improvement Grants and the concentration of all activities dealing with improving older properties will, I feel sure, result in a more concentrated effort in this direction. A Senior Public Health Inspector has been appointed to take charge of this section.

Work associated with the recent Shops and Offices Act is also steadily growing.

But the work associated with refuse collection, and especially of its disposal, calls for a maximum effort and worry from the department. It was fortunate that Mr. Davies, our late Chief Public Health Inspector, was such an international authority on this subject and until his death took a special interest in this work. His unfortunate death was untimely, the problem of refuse disposal is still very much with us and we miss him greatly.

My thanks are due to all concerned in the preparation of this report, the Health Committee for their support, Dr. Soutar and his County Health Staff for all their help and advice, and the staff of the department for their help and ready co-operation. I welcome the appointment of Mr. Barnett, the Deputy Chief Public Health Inspector, to the appointment of Chief Public Health Inspector following the death of Mr. Davies in March 1966.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

P. L. KARNEY,

Medical Officer of Health.

HEALTH DEPARTMENT

Medical Officer of Health

P.L. KARNEY, M.B., B.S., D.P.H.

Chief Public Health Inspector and Cleansing Officer:

A.G. DAVIES, F.A.P.H.I., M.INST.P.C.

Deputy Chief Public Health Inspector:

A. BARNETT, M.A.P.H.I.

Public Health Inspectors:

P.G.H. SMITH  
MRS. J. FROST (from 3.5.65.)  
G. WRIGHT (from 18.5.65.)

L.K. EDWARDS  
J.P. SMITH  
C. DRAKE

(All qualified and Members of The Association of Public Health Inspectors)

Pupil Public Health Inspector:

R.J. BROWN

Chief Assistant (Cleansing)

G. AGAR

Senior Administrative Assistant:

G.C. MURRELL, D.M.A.

Administrative Assistant:

D.J. LEGGE

District Social Worker:

MISS J.M. EVANS

Home Help Supervisor:

MISS W.M. OLIVER

District Nursing Superintendent:

MISS N.J. EBBORN (to 12.9.65)

Superintendent Health Visitor:

MISS C.E. BERRY (to 12.9.65)



Nursing Officer:

MISS M.P. WOOD (From 13.9.65.)

Clerical Staff:

MRS. M. BAILEY (Part-time)

MRS. M.E. BROWN (From 1.2.65.)

MRS. A. CARR

MISS M. COTTINGHAM

MRS. M.E. GILL

MRS. K. MORRISON

MRS. E. NORTH

MRS. P. E. PAGE

MRS. B. J. PRICE (From 1.1.65.)

D. P. ROAKE (to 28.2.65.)

MRS. M. A. SOAN

MISS B. L. SUMMERS (From 1.4.65.)

MRS. J. M. TREDELL

C. E. WEBSTER



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G E N E R A L

and

S T A T I S T I C A L

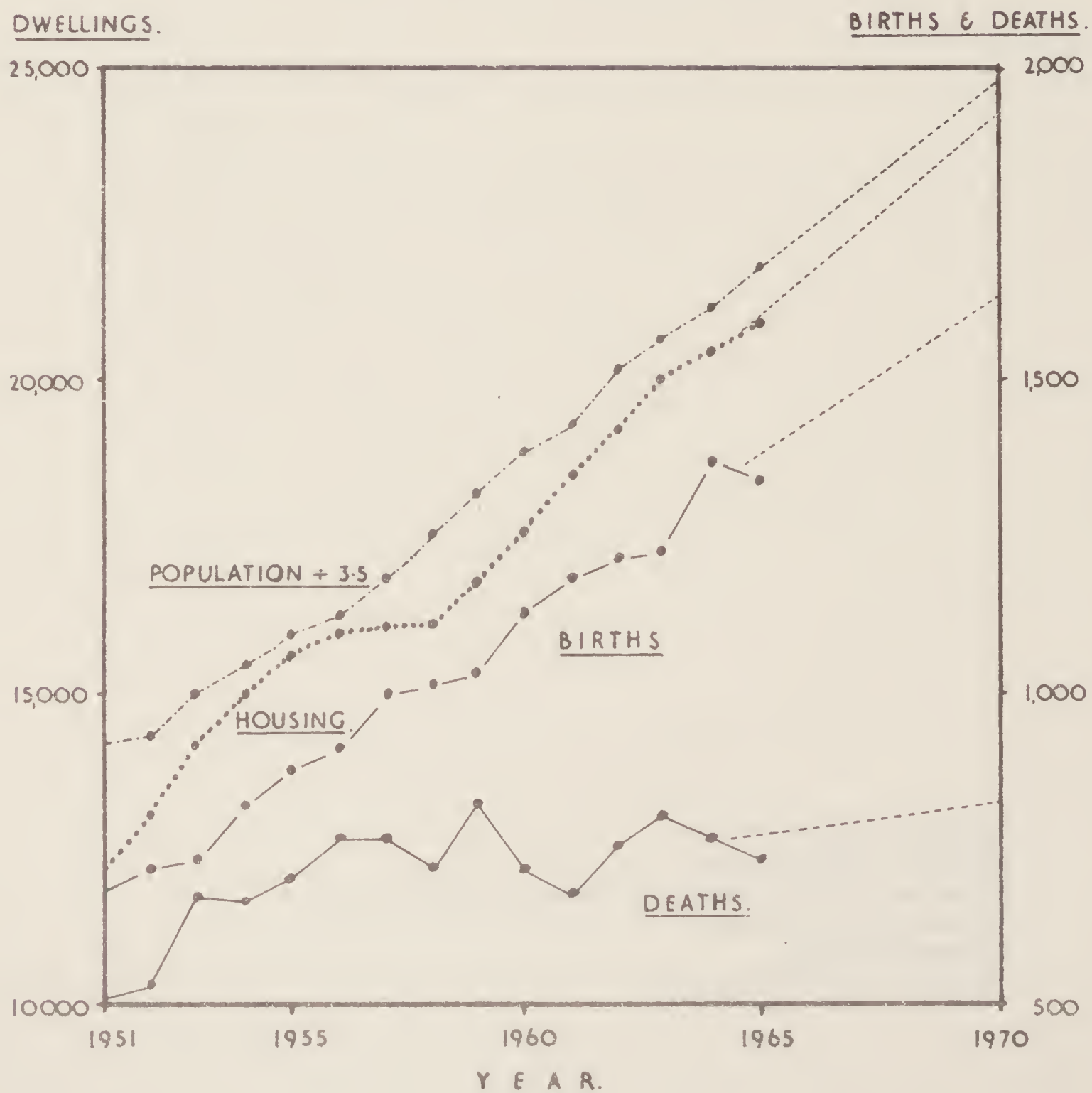
General Statistics  
Social Conditions  
General Provisions of Health Services  
Vital Statistics  
Epidemiology  
Infectious diseases



# STATISTICS AND SOCIAL CONDITIONS OF THE AREA

## General Statistics

Area in acres	...	...	...	...	...	...	15,712
Total Population (mid 1965)	...	...	...	...	...	...	76,020
Number of inhabited houses (1.4.66)	.	...	...	...	...	...	20,930
Rateable Value - General rate 1.4.66.	...	...	...	...	...	...	£3,463,339
Sum represented by penny rate (year 1965/66)	...	...	...	...	...	...	£14,457



## Population and Housing

The graphs given on the previous page represent trends only and bear no direct relationship to one another. The general trend is of a rapidly expanding population with housing keeping pace with the expansion and allowing for some improvement. The population increase is largely by younger aged families; the proportion of children is therefore high and this proportion will continue to increase for some time, accounting for an increasing proportion of the expansion of the population each year as the graphs for births and deaths widen.

Increasing numbers of people make an increasing need for planned adequate increase in the essential provision of housing, schooling and medical care. Whilst the total number of houses has kept pace, rising costs and prices constantly limit demands for owner occupied dwellings and maintain a constantly high waiting list for Council housing.

## Environmental and Social Conditions

Woking is a pleasant residential district situated within 25 miles of London in the green belt surrounding the Greater London area. The district has developed like many new towns in neighbourhood units by the gradual expansion of neighbouring parishes, each unit served by its own shopping, social and recreational centres.

The district is mainly residential and development of a number of housing estates and considerable in-filling has taken place. More recently high density dwelling units have been permitted in some parts. Within the district are large areas of common land and open spaces and there are many recreation grounds to provide open air facilities. In the 34 acres of Woking Park there is, in addition to normal facilities, an open air swimming pool.

There are a number of light industries, the principal being that of the Lion Works, but there are industrial groups in Byfleet, Sheerwater, Monument Bridge and Old Woking. The Aircraft industry with the large Aircraft factory at Weybridge has long dominated the industrial developments in the district. The district is well served by British Railways and many find employment in London, although opportunities for employment in the area are high.

With the development of the district around neighbourhood units each with its own facilities, community social development has naturally centred around local parish and church halls. There are a large number of Societies and the Youth Club movement is particularly active with some very fine clubs. In recent years, Community centres have been built in certain areas and a town centre development is being planned.



## The General Provision of Health and Welfare Services for the area

The National Health Service is organised on the basis of a tripartite division of responsibility, namely Hospital and Specialist services, family practitioner services and Local Health Authority services.

### 1) The family practitioner services

The Surrey Executive Council is responsible for the administration of the general medical, dental, pharmaceutical and supplementary ophthalmic services of the district.

The list of general medical, dental, Pharmacists and Dispensing Opticians who have undertaken to provide services may be seen at main Post Offices and Public Libraries.

### 2) Hospital and Specialist services

The hospital services of the area are administered by the S.W. Regional Hospital Board and more locally by the N.W. Hospital Management Committee. The main acute general hospital for the area is St. Peter's at Chertsey, with a full complement of specialities. In addition, the Woking Victoria Hospital has a small number of beds and is largely staffed by visiting consultants and local practitioners. The maternity unit is the Woking Maternity Hospital and Windlesham Maternity Hospital. The Geriatric Hospital is at Ellesmere. In addition, an Orthopaedic Hospital, The Rowley Bristow, is in Woking and covers a wide area for that speciality.

### 3. Local Health Authority services

The Local Health Authority is the Surrey County Council but it has delegated the duties under Part III of the National Health Service Act to the Woking District Council under the Local Government Act 1958, retaining the Ambulance Service and certain functions under the Mental Health Act. The services available to the public are described in the Personal Health Section of this report.

During the year there has been a steadily growing tendency for the general practitioner services in the County to link up with the Local Authority Services and for the combined services to be located in Health Centres. Accordingly, the Council are making provision for surgery premises in the proposed Health Centre in the St. John's area. The Hospital Management have embarked on converting St. Peter's into a modern purpose built district hospital for the area phased over a period and have recently built a very useful delivery unit to the Maternity Hospital at Woking. A meeting was held between representatives from the Hospital Management and the Council to try to coordinate plans for future development.



## Future Development

### The 10 Year Plan

#### a) Estimated growth of population:

	1965	1966	1970	1975
Estimated Population Mid Year	76,020	77,500	84,250	93,500
Estimated Birth Rate	1,261	1,425	1,625	1,850
Estimated under 5	6,700	7,000	7,800	8,250
Estimated school children	13,800	14,000	15,500	16,250

#### b) Maternity and Child Welfare

In their services for the next ten years, the Health Committee has given first priority to a plan for building three new Health Centres at St. John's, West Byfleet and at the proposed Goldsworth development area, and for building a new purpose built Central Health Clinic, incorporating all the specialist clinics and possibly linked with the hospital services. It will still be necessary to use the Parish, Church and Community Halls for Child Welfare Services. The Day Nursery will require extension and improvement by 1970.

#### c) Mental Health

All Woking cases requiring admission to Training Centres and Hostels are accommodated in the County establishments. Provision, however, has been made for a Junior and/or Senior Training Centres on land at the Goldsworth development area.

#### d) Welfare facilities for the elderly and handicapped

In addition to the large number of Social Clubs for the elderly organised by Voluntary Services in each parish area, it is proposed to have a central club and social centre. This club will also provide occupation, clinic and advisory services.

#### e) Homes and Hostels for elderly and handicapped are not delegated services.

#### f) Staffing

Provision for increases in staffing, medical, health visiting, nursing and auxiliary services are being provided in accordance with the County Council's estimated increases.

<u>Vital Statistics</u>					Woking U.D.	Surrey C.C.	England & Wales
Live Births							
Number	...	...	...	...	1,345	15,960	864,000
Rate per 1,000 population	...	...	...	...	17.69	16.49	18.0
Illegitimate Live Births per cent of total live births					6.25	5.75	
Stillbirths							
Number	...	...	...	...	19	187	
Rate per 1,000 total live & stillbirths	...	...	...	...	13.93	11.58	15.7
Total live and stillbirths	...	...	...	...	1,364	16,147	
Infant deaths (deaths under 1 year)					18	244	
Infant Mortality Rates							
Total infant deaths per 1,000 total live births	...	...	...	...	13.38	15.29	19.0
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	11.9	14.82	
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	35.71	22.90	
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)					6.69	10.84	13.0
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)					5.95	9.27	
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)					19.79	20.75	26.9
Maternal Mortality (including abortion)							
Number of deaths	...	...	...	...	-	2	
Rate per 1,000 total live and stillbirths	...	...	...	...	-	0.12	0.25
Deaths							
Number	...	...	...	...	739	10,124	
Rate per 1,000 population	...	...	...	...	9.72	10.46	11.5

## BIRTHS

	Males	Females	1965 Total	1964 Total	1963 Total
Live births (legitimate)	651	610	1,261	1,326	1,201
Live births (illegitimate)	46	38	84	54	56
Live birth rate (corrected)			17.51	18.4	17.11
Live birth rate - England & Wales			18.0	18.4	18.2

## DEATHS

	Males	Females	1965 Total	1964 Total	1963 Total
Total deaths	349	390	739	776	806
Death rate (corrected)			8.26	9.41	9.97
Death rate (England & Wales)			11.5	11.3	12.2

The principal causes of death, excluding those from zymotic diseases, were:

Malignant neoplasms		120	16.24%	(17.14%)
Heart disease		260)		
Vascular lesions of nervous system	112)	407	55.07%	(55.15%)
Other circulatory diseases		35)		
Pneumonia		39)		
Bronchitis		36)	84	11.37%
Other respiratory diseases		9)		(10.96%)
Motor vehicle accidents		10)		
All other accidents		15)	34	4.60%
Suicide		9)		( 3.2%)

(1964 figures in brackets)



# MALIGNANT NEOPLASMS

Malignant Neoplasms were responsible for 120 deaths or 16.24 (17.14 in 1964) per cent of total deaths and 1.53 (1.79 in 1964) per thousand of the population. The following table gives further details of the major cancer areas.

Region	Nos.	M.	F.	Age Range Average Age
Lung	31	19	12	$\frac{45-81}{60}$
Breast	16	-	16	$\frac{39-74}{56}$
Stomach	11	7	4	$\frac{51-94}{70}$
Uterus	7	-	7	$\frac{42-77}{58}$
Pancreas	7	5	2	$\frac{42-78}{70}$
Bladder	6	5	1	$\frac{51-95}{70}$
Prostate	5	5	-	$\frac{76-86}{82}$

## DEATHS DUE TO VIOLENCE

The figures given below indicate the manner in which Woking residents met their deaths from violence:

Electrocution	...	...	1	Burning	...	...	1
Road Traffic Deaths	...	...	10	Drowning	...	...	2
Falls	...	...	2	Poisoning	...	...	1
Manslaughter	...	...	1	Plane Crash	...	...	1
Hanging	...	...	1	Other	...	...	6

In addition to the above, there were 9 suicides.

# INFANTILE MORTALITY

	M	F	1965 Total	1964 Total	1963 Total
Deaths under 1 year					
Legitimate	6	9	15	24	12
Illegitimate	-	3	3	1	1
Woking Quinquennial rate (average of five years)			13.64	13.71	13.15
England & Wales Quinquennial rate			20.62	21.24	21.68

There were 18 infant deaths during the year (including transferable deaths) giving an Infant Mortality rate of 13.38 per 1,000 live births, compared with 19.0 per 1,000 live births for England and Wales.

The infantile death rate for illegitimate children in Woking was 35.71 per 1,000 illegitimate live births.

The following tables show the causes of death and ages at death of infants under 1 year.

Cause of Death	Under 1 wk.	1 week - 1 month	1 month - 3 months	3 months - 6 months	6 months - 1 year
Prematurity	6	-	-	-	-
Congenital Deformity	2	1	-	-	-
Asphyxia & Atelectasis	-	-	-	-	2
Pneumonia	-	-	-	1	1
Other causes	-	-	1	2	2

## Stillbirths

	M	F	1965 Total	1964 Total	1963 Total
No. of stillbirths					
Legitimate	10	7	17	15	14
Illegitimate	2	-	2	2	1

The causes of the nineteen cases of stillbirth were as follows:

Haemorrhage and premature separation of placenta	...	...	...	4
Toxaemias of pregnancy	...	...	...	3
Other malformations of nervous system	...	...	...	2

Erythroblastosis	...	...	...	2
Maceration	...	...	...	1
Other conditions	...	...	...	7

### Perinatal Deaths

As the majority of infant deaths occur within the first week of birth and the causes of these deaths are believed to be the same as those causing stillbirths, the Registrar General has suggested that these two are combined under the title of perinatal deaths and this forms a new vital statistical measurement.

	1965	1964	1963
Total stillbirths & deaths under 1 week	27	39	24
Perinatal mortality rate	19.79	27.92	18.87

### Congenital Malformations

28 notifications of babies born with congenital malformations were received from doctors and midwives, giving an incidence of 20.8 per 1000 babies born in the area. The following are the principal malformations notified:-

Defects of central nervous system						
Spina Bifida, Hydrocephalus and						
Anencephalus	...	...	...	...	...	4
Talipes	...	...	...	...	...	7
Cleft lip - cleft palate	...	...	...	...	...	3



## CAUSES OF DEATH DURING 1965

	Male	Female	Total 1965	Total 1964	Total 1963
All causes ... ..	349	390	739	776	806
Tuberculosis, respiratory ...	4	3	7	3	6
Tuberculosis, other ... ..	-	-	-	-	1
Syphilitic disease ... ..	1	1	2	2	3
Whooping cough ... ..	-	-	-	-	-
Diphtheria ... ..	-	-	-	-	-
Meningococcal infections ...	-	-	-	-	-
Acute Poliomyelitis ... ..	-	-	-	-	-
Measles ... ..	-	-	-	-	-
Other infective and parasitic diseases	-	2	2	2	2
Malignant neoplasm, stomach ...	7	4	11	15	13
Malignant neoplasm, lung, bronchus	19	12	31	40	39
Malignant neoplasm, breast ...	-	16	16	8	11
Malignant neoplasm, uterus ...	-	7	7	9	6
Other malignant and lymphatic neoplasms ... ..	27	28	55	61	68
Leukaemia, aleukaemia ... ..	3	2	5	2	1
Diabetes ... ..	1	-	1	5	3
Vascular lesions of nervous system	33	79	112	102	94
Coronary disease, angina .. ...	80	61	141	143	110
Hypertension with heart disease	2	10	12	12	7
Other heart disease ... ..	46	61	107	143	154
Other circulatory diseases ...	21	14	35	28	49
Influenza ... ..	-	-	-	-	22
Pneumonia ... ..	20	19	39	41	58
Bronchitis ... ..	25	11	36	36	44
Other diseases of respiratory system	5	4	9	8	4
Ulcer of stomach and duodenum ...	6	5	1	5	9
Gastritis, enteritis and diarrhoea	2	2	4	3	2
Nephritis and nephrosis ... ..	3	-	3	4	2
Hyperplasia of prostate ... ..	1	-	1	3	2
Pregnancy, childbirth, abortion	-	-	-	-	-
Congenital malformations ...	2	2	4	10	6
Other defined and ill-defined diseases	26	32	58	66	58
Motor vehicle accidents ... ..	5	5	10	10	11
All other accidents ... ..	7	8	15	11	15
Suicide ... ..	3	6	9	4	6
Homicide and Operations of War	1	-	1	-	-

## INFECTIOUS DISEASES

Under various Acts and Regulations there are twenty-three diseases which are compulsorily notifiable to the Medical Officer of Health. Serious infectious illnesses such as smallpox, diphtheria, typhoid and poliomyelitis still occur with sufficient frequency to keep Public Health Departments watchful.

The table below shows the incidence of commoner infectious diseases for the past five years:-

Year	Diphtheria	Scarlet Fever	Pneumonia	Measles	Whooping Cough	Puerperal Pyrexia	Polio-myelitis	Erysipelas	Enteric Fever	Cerebro-Spinal Fever	Ophthalmia Neonatorum	Dysentery
1961	-	21	35	747	11	100	-	2	-	-	-	52
1962	-	16	43	263	32	80	-	4	-	-	-	6
1963	-	10	42	832	24	100	-	-	3	-	-	45
1964	-	16	14	406	40	97	-	1	4	2	-	1
1965	-	68	25	779	18	105	-	1	-	-	-	4

### Scarlet Fever

Sixty-eight cases were notified this year, forty-five of school age. No serious cases or deaths were reported and all but four were treated at home. Scarlet fever nowadays is usually a mild disease and complications are rare.

### Whooping Cough

Eighteen cases were reported; ten under school age and six in the age group 5-10 years. There has been a gradual fall in the incidence of this unpleasant childhood illness and this is undoubtedly partly due to immunisation in infancy. Unfortunately, the protection given at infancy wanes after three years and children not given a booster at 18 months and/or at 5 years may contract a mild infection at school and bring the infection to infants at home.

### Measles

There were 779 cases of measles notified. Generally speaking the illness was of a mild type with few complications and all but twelve were nursed at home.

## Poliomyelitis

For the sixth year in succession no cases of poliomyelitis were notified in 1965.

## Puerperal Pyrexia

The illness is defined as a febrile condition occurring in a woman to whom a temperature of 100°F or more has occurred within 14 days after childbirth or miscarriage. The Maternity Hospital at Woking serves Woking and a large surrounding area. During 1965, 1,821 deliveries took place in the Hospital and inevitably with the pressure Maternity Hospitals are now working, some cases of puerperal pyrexia occurred, all of which were notified and included in notifications for Woking. During 1965, 105 cases were notified. Of this figure 37 related to Woking residents.

## Tuberculosis

During 1965 in Woking 21 cases were notified compared with 11 in 1964. The number of cases, per 1,000 attending, detected at Mass X-Ray Units, however, remains constant. Fear and pessimism concerning tuberculosis have been largely removed from people's minds and cases are now being referred to and being spotted at Mass X-Ray at a much earlier stage, but there is some danger of too early a complacency developing.

During the year no action became necessary under the Public Health (Prevention of Tuberculosis) Regulations 1925 or Section 172 of the Public Health Act, 1936. These regulations relate to the restriction of tuberculosis sufferers from employment in the handling of milk and the compulsory removal to hospital in certain circumstances of persons suffering from tuberculosis.

Details on the preventive work, Care and After Care, B.C.G. Vaccination, Mass X-Ray, and the work of the Voluntary District Care Committee are given in the Personal Health Service Section of this Report.



# TUBERCULOSIS

New Cases and Mortality during 1965

Age Periods	New Cases & Transfers				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0-1	-	-	-	-	-	-	-	-
1-5	-	-	-	-	-	-	-	-
5-15	1	1	-	-	-	-	-	-
15-25	1	1	-	-	-	-	-	-
25-35	8	4	-	-	-	-	-	-
35-45	4	2	-	-	-	-	-	-
45-55	3	-	-	-	-	2	-	-
55-65	5	2	-	-	4	-	-	-
65 and upwards	-	-	-	1	-	1	-	-
TOTALS	22	10	-	1	4	3	-	-



# Tuberculosis summary of previous years

	1955	1962	1963	1964	1965
<u>Cases Pulmonary</u>					
0-5	1	1	1	-	-
5-15	3	2	-	1	2
15+	74	42	26	21	30
65+	1	4	2	2	-
Non-Pulmonary	9	1	3	2	1
Total New Cases	39	19	17	11	21
Total Transfers in	49	31	15	15	12
<u>No. on Register</u>					
Pulmonary	507	582	577	552	540
Non-Pulmonary	70	62	63	63	64
% Tuberculin Test +ve 13-14 years age	14.5	6.25	7.36	4.15	4.25

## OTTERSHAW ISOLATION HOSPITAL

The following table shows the number of Woking cases admitted to the Isolation Hospital during 1965:-

Gastro enteritis	...	14	Broncho-pneumonia	...	1
Scarlet Fever	...	4	Chickenpox	...	6
Pneumonia	...	1	Measles	...	12
Food Poisoning	...	2	Glandular Fever	...	3
Malaria	...	1	Infective hepatitis	...	1
Meningitis	...	2	Other infections	...	8
Aseptic Meningitis	...	1			

# INFECTIOUS DISEASES 1965

NOTIFIABLE DISEASE	CASES NOTIFIED IN WHOLE DISTRICT														WARDS									Total Deaths	
	At Ages - Years														Byfleet	Central	Horsell	Knaphill and Brookwood	Maybury and Mount Hermon	Old Woking, May ford and Sutton	St. John's	Woodham and Sheerwater	West Byfleet & Pyrford		Cases admitted to Hospital
	At all Ages	At Ages - Years																							
		Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 65	65 and over											
Whooping Cough	18	1	1	1	2	6	2	-	-	-	-	-	-	-	-	1	3	1	2	1	-	-	-	-	
Scarlet Fever	68	1	1	6	9	29	16	3	-	-	1	2	-	-	-	2	3	6	7	13	4	-	-	-	
Measles	779	16	76	78	129	326	14	5	-	-	1	1	1	-	182	74	24	116	64	196	12	-	-	-	
Diphtheria	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Pneumonia	..	1	-	1	-	1	-	-	-	-	2	5	5	10	-	2	-	5	6	7	1	-	-	39	
Puerperal Pyrexia	..	-	-	-	-	-	-	13	25	-	55	12	-	-	-	-	-	104	-	-	-	-	-	-	
Acute Poliomyelitis	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Meningococcal Infections	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Erysipelas	..	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	
Dysentery	..	4	-	2	-	-	1	-	-	-	-	1	-	-	-	1	-	-	1	1	1	-	-	-	
Typhoid	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Food Poisoning	..	2	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	2	-	-	
Tuberculosis:-	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Non-Pulmonary	..	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	
Pulmonary	..	32	-	-	-	2	-	-	2	-	12	6	10	-	2	6	6	1	4	2	6	-	7	-	
Malaria	..	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	
Smallpox	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ophthalmia Neonatorum	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Encephalitis	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Paratyphoid	..	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	



## WATER SUPPLY

The demand for water is increasing steadily, not only because of the development of the district and the resultant rise in population but also because the individual consumption of water is rising by reason of improved plumbing, additional domestic appliances, and the inexpensive garden watering equipment now readily available in the shops.

The laying of a 21" water main from Chertsey to Anthony's was finished last summer by the completion of the pipe crossing over the River Bourne at Dunford Bridge. An extension of the gravel water collecting system at Chertsey Works was completed at a cost of £64,000.

The Company's plans for extension of Chertsey Works for treatment of river water are progressing and purchase of the land is in hand.

Applications for water mains to serve new development continue to come in at a reduced rate in consequence of the building recession which commenced in the Autumn, 1965.

The Council's Engineer and Surveyor has informed the Company of the proposals for the development of Slocock's Nursery and the new Town Centre and preliminary meetings have been held by him for the purpose of discussing these matters with the public utilities including ourselves. The Company wishes to support these projects to the fullest extent but it will not be able to do so until the extension of the Chertsey Works has been completed.

Some 340 water samples were analysed during the year and the bacteriological quality of the water has been uniformly satisfactory. During two short periods last summer, a few complaints were received from consumers in the Byfleet area of taste in the water supply and investigation confirmed that there was a chlorinous taste. This area is supplied from Walton Bridge Works and the taste is believed to have been originated from algae in the slow sand filter beds but no definite evidence was found to confirm this. The bacteriological quality of the water was unimpaired. The taste dissipated fairly quickly, assisted by flushing of "dead-ends". The Company has plans for considerable expenditure at Walton Bridge Works for extension and improvement of the treatment facilities and this should effect a reduction in occurrences of this nature though with a Thames derived water it is unlikely that one could ever completely avoid sporadic taste troubles.



The following replies to questions relate to the Urban District of Woking except where otherwise stated:-

- (a) The water supply of the area and its several parts has been satisfactory in quality and quantity.
- (b) Bacteriological and chemical analyses of the raw water and water going into supply are made regularly from samples for the Company's pumping stations. Three of the chemical reports included fluoride. The total number of analyses for 1965 for the whole of the Company's Area amounted to 275 Bacteriological, 50 Chemical, 13 Radio-activity and 3 Miscellaneous.
- (c) The water is not plumbosolvent.
- (d) No case of contamination occurred.
- (e) As far as I am aware there are no houses or people supplied by standpipe.

#### SEWERAGE AND SEWAGE DISPOSAL

Comment on this is contained in the report of the Chief Public Health Inspector under "Sewerage Schemes"

#### Swimming Pools

The open air swimming pool opened in 1935 in Woking Park continues its seasonal popularity with residents and visitors. Its filtration, aeration, and chlorination plant provides a complete turnover of the 425,000 gallons of main water it contains every five hours, and the water is tested for chlorine content, alkalinity, and acidity twice daily. A pipe connected from the cascade now supplies chlorinated water continuously to the children's paddling pool near the river. Because of the ease with which this pool is contaminated by small children, the water is continuously discharged to waste. Samples of water were taken regularly from the Woking Park Pool, Mayford School Pool and occasionally from school learner pools and submitted to the Guildford public health laboratory for bacteriological examination. The results of the examination were, with the exception of the paddling pool, quite satisfactory.

In 1965 the number of admissions was 136,587 as against 184,071 for the previous year.

There are no privately owned swimming pools open to the public in the district, but a number of schools now have constructed pools, a scheme which is becoming popular with parents-teachers groups. Again these pools are regularly visited and tested for bacteria, chlorination, and Ph value.

# PUBLIC HEALTH LABORATORY SERVICE

## Bacteriological Reports on Food Samples.

### Milk Supply

During the latter part of the year, further legislation relating to a new designation became enforceable. Apart from untreated, pasteurized, and sterilized milk, a new special designation "ultra-heat treated" was prescribed for milk which had been processed by the ultra high temperature method, i.e. heated to not less than 270 degrees Fahrenheit for not less than one second. The milk has generally become known as "long-life milk" and has exceptional keeping qualities. Although two dairies applied for licences to sell the milk under the regulations, neither has so far stocked or sold it.

During the year, 158 samples of milk were submitted for bacteriological examination and with the exception of two bottles of pasteurized milk and one bottle of untreated milk, all passed the required test. The pasteurized milks failed the test because they were found to be stale samples. Likewise, in the case of the untreated milk failure, bottle rotation at the shop concerned had not been carried out, and, in consequence, stale milk had again been sold. All samples which fail the prescribed tests are investigated thoroughly to prevent recurrence.

During the year, forty-three samples of untreated milk were submitted for tests to ascertain the possible presence of brucella abortis organisms. All were found to be satisfactory.

Details of the tests to which all the samples were subjected are summarized below:-

Designation of Milk	Phosphatase Test	Methylene Blue Test	Turbidity Test
Pasteurised	105	105	-
T.T. Pasteurised	6	6	-
Sterilised	-	-	4
Untreated	-	43	-

The phosphatase test gives an indication of efficiency or otherwise of pasteurisation, whilst the methylene blue test determines keeping quality and cleanliness, and the efficiency of sterilisation is checked by means of the turbidity test.



## Ice Cream

There are now two shops where soft ice cream is manufactured upon the premises; one has continued to yield satisfactory weekly samples during the season; the other, through faulty equipment, has produced three unsatisfactory samples. Pre-packed ice cream continues to be sold from business premises and is manufactured outside the area by firms of national repute. A number of mobile ice cream vehicles continue to frequent the area particularly during the summer evenings and at weekends, and difficulty is experienced in obtaining samples.

During the year some forty-three samples were taken and submitted to the public health laboratories, St. Luke's Hospital, for bacteriological examination. Results were as follows:

Grade 1 - 28  
Grade 2 - 10  
Grade 3 - 5  
Grade 4 - Nil

Grades 1 and 2 can be considered as satisfactory. The five samples falling into the grade 3 category were obtained from the one shop where the equipment was found to be faulty and from two vehicles selling soft ice cream from heat treated mixes. In each instance inadequate temperature control and lack of or ineffective cleansing of the apparatus caused a lowering of the standards.

The owner of the shop machine exchanged the unit, and repeat samples were found to be satisfactory.

The samples taken from mobile vehicles were not followed up as neither vehicle appeared in the area following the sampling procedure. Because of the complete mobility of the travelling ice cream parlours and the fact that the driver-operators change frequently, difficulty is still experienced in obtaining samples.



P E R S O N A L  
H E A L T H  
S E R V I C E S

Care of Mothers & Young Children  
Midwifery  
Health Visiting  
Home Nursing  
Vaccination & Immunisation  
Prevention of Illness, Care & After Care  
Home Helps  
Mental Health Services  
Welfare of Disabled & Elderly  
Nurseries & Child Minders' Registration

## CARE OF MOTHERS AND YOUNG CHILDREN

## Notification of births

	<u>1965</u>	<u>1964</u>	<u>1963</u>
Born at home	365	422	388
Born at Hospital/Maternity Home in Woking	856	745	741
in County	104	112	80
Elsewhere	27	40	38
Born at Private Nursing Homes	51	93	69

### Expectant and Nursing Mothers

Nine ante-natal and post-natal clinics are held in six centres in Woking. In addition, regular relaxation classes are held. The majority of these clinics are conducted by the Midwives. The main clinic held at the Maternity Home is in the charge of a general practitioner with special experience. Good co-operation is maintained with the Woking and Windlesham Maternity Units. The close co-operation is invaluable in the prevention of Toxaemia in pregnancy and in the admission of cases with poor social circumstances for hospital delivery.

The following shows the work undertaken at Ante-Natal and Post-Natal Clinics:-

No. of women attended	(Ante-Natal	-	613	(743)
	(Post-Natal	-	145	( 94)
No. of attendances	(Ante-Natal	-	3,283	(3,716)
	(Post-Natal	-	145	( 94)
No. of cases referred to Hospital for admission on account of social conditions and admitted		-	60	( 69)

## Maternity Mortality & Investigations

There were no maternal deaths.

## Puerperal Pyrexia

105 cases of puerperal pyrexia were notified. All but one of the cases occurred in institutional confinements.

## Unmarried Mothers and the Care of Illegitimate Children

The County Council have a hostel at Dorincourt, mother and baby home, to assist unmarried mothers. They may also be admitted to homes run by voluntary organisations. Arrangements



are made for ante-natal care and for their admission to a hospital or maternity home for the delivery. Residence in these hostels is normally for two months before and two months after confinement. Mothers are also assisted to find employment on leaving the hostel and in making arrangements for the care of the babies.

During the year twelve mothers were admitted to voluntary homes, the Council bearing part of the cost.

### Child Welfare Centres

The Council organise eleven Child Welfare Clinics. The Clinics are held weekly, mostly in Community, Church and Parish Halls. The main Clinic is at Clarence Avenue - a purpose built clinic. Examination of children is done at regular intervals; advice on feeding and minor illnesses is given; all immunisation procedures carried out; and Welfare foods distributed. All the clinics are assisted by a voluntary Welfare Group.

In October 1965, a Child Welfare Centre was opened at Mayford Village Hall for one session per month.

During the year, 4,410 children attended. The percentage of children born during the year who attended was 87.24. Total attendances of children was 32,592.

### Dental Care Service

Dental inspection and treatment of expectant mothers and children under five years of age is offered by the Council's School Dental Officers who devote a part of their time to this work. Patients are referred largely from Ante-Natal and Child Welfare Clinics. This work offers an early opportunity to promote Dental Health Education and it is hoped to build this service more in the future. 221 mothers and children under 5 years of age were examined and 85 treated.

### Audiological Service

As from the 1st January 1962, the mothers of all babies born in the area have been invited to bring them for a screening test of hearing as soon as possible after the age of 7/12. This is an extension of the scheme of examination of only "at risk" groups done previously. Follow up of all cases of deafness or of doubt is done at a Diagnostic Clinic held at Penlee Clinic. Parent guidance and, where necessary, auditory training, provision of aids, etc. is given. 86 Woking cases were seen at this clinic; 55 were under 5 years of age.

### Care of Premature Babies

All babies weighing  $5\frac{1}{2}$  lbs. or less at birth are included under this heading. Special arrangements for the care of these infants in their own homes are made by the Midwife and Health Visitor services, and infants who cannot be cared for at home are admitted to Hospital. Premature babies born in



Hospital are notified to the Department on discharge and are kept under supervision by the Health Visitor.

66 premature live births were notified, of which 5 occurred at home confinements. The number that died within 28 days was 6. There were 11 premature stillbirths.

### "At Risk" Register

A register of all children "at risk" and their regular follow up and examination at clinics by completion of the new M. & C.W. Cards devised by the Society of Medical Officers, was started during the year.

### Day Nurseries

There is one day Nursery in Woking with thirty-six places. Admission is restricted to the following classes -

1. Where the mother is the sole wage earner.
2. Where there are special medical or social conditions likely to seriously prejudice the health of the child.
3. When, upon consideration of individual circumstances, it appears that admission is necessary in the interests of the child.

Age Group	No. of authorised places	Average daily attendance
0 - 2	6	3.95
2 - 5	30	20.48
0 - 5	36	24.43

No. on register of Day Nursery	)	0 - 2	5
at 31st December 1965	)	2 - 5	26

### Sale of Welfare Foods

Both Welfare foods and proprietary foods are on sale at all Clinics and in addition at Sharrard House and the Women's Voluntary Service Centre at Coniston, Boundary Rd., Woking, for which we are indebted to the good services of the W.V.S.

During the year an additional distribution centre was opened at a shop on Barnsbury Farm Estate for the convenience of residents in that area.

## MIDWIFERY

The County Council is the 'local supervising Authority' but under the delegation scheme the Council is responsible for ensuring that the maternity services are adequate for the needs of the area.

Woking employs 4 whole time Midwives and 4 District Nurses/Midwives for district work. All are qualified to administer inhalation analgesics. At regular intervals they are sent on refresher courses. Four of the Midwives act as tutors for the training of pupils. In addition to attending home confinements the Midwives are responsible for maternity cases discharged from hospital before the tenth day. This is tending to form an increasing proportion of their work. In 1959 the Committee on Maternity Services (The Cranbrook Committee) recommended that a national average of 70% of confinements should be in hospital. This has been attained by increasing the number of early discharges. There is urgent need, however, of a planned scheme, as the present discharge of cases at short notice makes it difficult to organise the district Midwives work and home help for these cases.

The following is a summary of the work of the Domiciliary Midwives in 1965, the figures in brackets are those for 1964:-

(a) Confinements attended:-

By Midwife only	277	(324)
By Midwife and Doctor	111	(142)
Inhalation analgesics administered	341	(399)
Ante-Natal visits made	2,556	(2,664)
Midwife booked cases transferred to Hospital during labour	32	(19)

In all but eleven cases a doctor was booked to also look after the patient during the pregnancy. The percentage of babies born at home is 26.01 (29.87).

(b) Early discharges from Hospital:-

Year	24 hrs.	48 hrs.	3rd day	4th day	5th day	6th day	7th day	8th day	9th day	10th day	Total
1964	9	16	21	24	21	17	40	91	144	578	961
1965	6	17	27	23	17	16	34	69	217	612	1038



## Home Help Maternity Cases

Requests for home help for domiciliary births and early discharges from Hospital are given priority. Requests are met in full whenever possible. There is need, however, for a planned early discharge scheme as it is not always possible to obtain a home help at short notice.

No. of cases assisted with home help 149 (147)

## HEALTH VISITING

Woking has twelve District Health Visitors. The greater part of their time is allocated to the delegated health and welfare services, the remaining approximately 20% being devoted to the School Health Service in their capacity as School Nurses.

Health Education has become one of the main duties of Health Visitors. They advise mothers on the management, feeding and clothing of young children, the danger of accidents in the home and the importance of immunisation and vaccination. Mothers are seen in their own homes or in the Child Welfare Clinics and much of their work is done in a very personal way, although group teaching is undertaken on occasions. In addition, Health Visitors have recently been encouraged to visit the aged in their areas and to acquaint them with the services available to them such as District Nurses, Home Help, Chiropody, etc.

The following are details of cases visited by Health Visitors:

(figures of 1964 in brackets)

Expectant Mothers	379	(445)
Infants under 1 year of age	1,372	(1,302)
Children 1 - 5 years	4,814	(4,329)
School children	112	(194)
Mentally disordered	74	(74)
Persons over 65 years	66	(61)
Others	88	(47)



## HOME NURSING

For purposes of staffing the Urban District with District Nurses, the town is divided into 3 areas - a central around Woking, one at Byfleet, West Byfleet and the other at St. John's, Brookwood and Knaphill. Each area is divided again into districts, each district being staffed by a trained Nurse. Each group of Nurses in an area working together and relieving each other for off duty. In addition, there are relief Nurses to cover holidays and sickness and two male Nurses who care for male patients, who need special care or cases too heavy for female Nurses to cope with. The male Nurses are shared with N.W. Division of the County Services.

The general practitioners make full use of this service and generally make contact with the Nurses themselves by telephone. Hospital Almoners also co-operate and a great number of patients discharged from hospital need the services of the District Nurse.

Demands are mostly for general care of the aged, care of the chronic sick also in the over 60 age group, and the handicapped, due to heart, vascular disorders, rheumatism and diabetes. Such patients require much time and attention. Every effort is made to link up this service with the voluntary efforts of the Red Cross and St. John's Ambulance.

At the end of the year the Nursing Staff numbered 6 full-time District Nurses and 3 District Nurses/Midwives and 5 part-time District Nurses.

The following is a summary of their work:

Number of patients attended	902	(1,051)
Number of visits paid	29,194	(22,074)
Number of patients aged 65 and over	554	(659)

(the figures in brackets refer to 1964)

## VACCINATION AND IMMUNISATION

A full programme of immunisation and vaccination was encouraged and maintained. This was carried out by general practitioners in their surgeries and by Local Authority Medical Officers at Clinics and Schools. Almost all the children immunised against Diphtheria were at the same time protected against Whooping Cough and Tetanus in a triple injection, and Tetanus is also most often included in the reinforcing injections given at school. Poliomyelitis vaccination is carried out by the oral vaccine with an occasional child being given the quadruple vaccine. Smallpox vaccination is recommended to be done after the first year of age.

The following are statistics on the programme carried out in 1965:-

### Diphtheria Immunisation

	Year of Birth					Others under age of 16.	Total
	1965	1964	1963	1962	1958-61		
Completed Primary Doses	292	322	51	15	24	21	725
Re-inforcing Doses	-	130	168	40	487	148	793

The Immunity Index 0 - 4 years 75.08% (72.9)

0 -15 years 64.95% (69.7)

(figures in brackets are for 1964)

### Whooping Cough

	Year of Birth					Others under age of 16.	Total
	1965	1964	1963	1962	1958-61		
Completed Primary Doses	292	320	51	9	14	27	713

### Tetanus

	Year of Birth					Others under age of 16.	Total
	1965	1964	1963	1962	1958-61		
Completed Primary Doses	292	324	51	11	27	71	776
Re-inforcing Doses	-	130	159	40	448	162	939



## Poliomyelitis

	Year of Birth					Others under age of 18.	Total
	1965	1964	1963	1962	1958-61		
Completed Primary Courses	171	659	59	33	83	59	1064
Re-inforcing Doses	-	1	4	5	529	116	655

## Small Pox Vaccination

Age Group	No. completed primary vaccination	No. re-vaccinated
0 - 1	40	-
1 - 4	716	3
5 -15	36	26
Total	792	29

## B.C.G.

The Council has a scheme for voluntary B.C.G. vaccination against Tuberculosis for children aged 13 years, which has recently been extended to include children approaching that age; school children aged 14 years and older and students attending establishments of further education.

The table below gives details of B.C.G. vaccinations carried out in 1965:

Age Group	Consent		Heaf Test				Vaccination	
	No.	% of Age Group	+ ve No.	% of Test	- ve No.	% of Test	No.	% of Age Group
1283	1032	80.43	40	4.25	856	95.75	856	66.71



## PREVENTION OF ILLNESS, CARE AND AFTER CARE

### Tuberculosis

#### (a) Mass Radiography

Since October 1965 the Mass Radiography Unit visits Commercial Road Car Park, Woking, on Thursday mornings each week.

In addition the unit visits Byfleet twice a month. X-ray facilities are also available at the hospitals at Woking Victoria and St. Peter's, Chertsey, to the general practitioners' service.

The findings of the Mass Radiography Unit for the year 1965 are itemised below:-

	M.	F.	Total
Patients sent by G.P's to Units at Byfleet and Woking	66	53	119

#### Results:-

Cases of T.B. found - Nil

Primary lung cancer - 1 male, no females

Firms and general public (not sent by G.P's)

3,544	3,838	7,382
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#### Results:-

Cases of T.B. found - Males 6, females 3

Primary lung cancer - Males 3, females 2

#### (b) Visiting and Social Welfare Services - Liaison with hospitals and voluntary services

(i) In addition to the treatment of T.B. cases which the Chest Clinics carry out, the Chest Physician is also responsible for the work in relation to the prevention of tuberculosis. This includes the examination and supervision of contacts. He is assisted in this work by a T.B. Health Visitor. She makes a report on the environmental circumstances of every new case and tests the contacts for the Consultant. Appropriate tests, x-rays and vaccinations are carried out. All school children tuberculin tested in the B.C.G. scheme and found to be strong positives are also followed up at the Chest Clinics.

(ii) The social work of the Chest Clinics continues to be linked with the family Social Care Worker attached to the Health Department in that she carries out both duties. In the Chest Clinic, work with the non-tuberculosis chest cases has increased especially with the chronic bronchitis and lung cancer cases. Each of the Clinics has a Voluntary Care Committee which raises funds, which are supplemented by the County Council. This money is used to help patients attending the Clinics for such items as food, clothing, bedding, household items and fares for relatives

to visit and holidays.

(c) B.C.G. Vaccination of contacts

B.C.G. vaccination of contacts including the B.C.G. vaccination of nursing staff of hospitals, domiciliary contacts and infants at known risk and others, is undertaken by Chest Physicians at Chest Clinics. This does not include the B.C.G. vaccination of school children.

(d) Ancillary Services

Holidays

Beach chalets hired by the Conference of Care Committees provide holidays for a number of families and the use of Sheephatch School by the Education Authority provides a fortnight's holiday for a number of child contacts.

Occupational Therapy

The County Unit continues to provide a useful service to T.B. patients among others in this field.

Milk free of charge

Certain patients are provided with milk free of charge each week for a period of recovery.

(e) Rehabilitation and colonisation

The Council accept financial responsibility for the maintenance of tuberculous patients, who are recommended by the Chest Physicians for admission to the Rehabilitation Units at institutions approved for this purpose.

No cases were placed under this scheme in 1965.

Aged and Chronic Sick

The care and after care of sick or aged persons requires the closest liaison and co-operation between the Local Authority, Health and Welfare staff, the Hospital staff and the Voluntary Associations. The last have given much valuable help.

(a) Home Nursing

Working in co-operation with the general practitioners the District Nursing Staff is able to afford adequate and general nursing care to old people; about 70% of these visits are paid to people over 65 years of age. Where deterioration is taking place it is reported to the Family Doctor.



(b) Health Visiting

Health Visitors are being encouraged to steadily convert to general health visiting of the family and to devote part of their time to the older person to assess home conditions and advise generally on the special facilities available to them - clubs, home nursing, chiropody.

(c) Geriatric Health Visitors

These Health Visitors are attached to the Geriatrician and visit the homes of old people who have been recommended for hospital care, or who are shortly to be discharged and arrange ancillary services for the period prior to admission or subsequent to discharge.

(d) Ancillary Services

Chiropody, Home Help Service (about 90% of those receiving Home Help Services are elderly persons), Neighbourly Home Helps, Laundry Services, Medical loans of equipment and aids, are some of the ancillary services provided, of which mention is made in other parts of the report.

Problem Families - Prevention of break up of families

A scheme for more intensive social care of families with multiple problems by social service trained workers was started in 1958. The scheme provides for assisting the Medical Officer in -

- (a) Planning the family case work
- (b) Co-ordinating the work of various officers and voluntary organisations
- (c) Acting as visiting case workers in selected families

In order to assist in co-ordinating the work of all the various statutory and voluntary services and the social workers in this field, regular monthly Case Conferences are held in the Health Department. These are attended by representatives from the Health, Education and Housing Departments of the Council, the Welfare and Children's Departments of the County Council, the N.S.P.C.C., the Probation Service and other social workers, depending on the case discussed. The Conference is assisted by general practitioners and Medical Officers from Brookwood Hospital.



I list below the work carried out during 1965 in connection with this work:-

Number of families considered at Conferences	...	10
Number of families rehoused	... ..	4
Number of hours service received by problem families attended by:		
(a) Special Home Helps	... ..	Nil
(b) Ordinary Home Helps	... ..	4½
Number of families who received home help service		1
Number of problem families sent for training to:		
(a) Frimhurst Recuperative Home	... ..	Nil
(b) Other institutions	... ..	Nil
Number of families sent for recuperative holidays		Nil

71 Problem Families remained on the register at the end of the year.

The following table expresses in group form the failings and difficulties of families:-

1. Marital	4. Housewifery & child care
2. Material needs	5. Desertion
3. Physical, Mental & Psychological	6. Delinquency
	7. Other reasons

Most families fall into two or more headings and groups. In this work one is often dealing with families where at least one member is socially or psychologically unstable. He or she will have grown up with little or no idea of personal relationship and it takes many months or years to bring them to a better understanding how to live as a family.

### Recuperative Holidays

The Council's Recuperative Holidays Scheme deals with patients who are in poor health and require a recuperative holiday but do not require organised medical or nursing care.

Holidays are provided for two classes of patients, either those who recently have been in-patients or out-patients of hospitals, or those who have been nursed through an acute illness in their own homes under the care of a private medical practitioner.

Mothers and young children are dealt with under Section 22 of the National Health Service Act, 1946.

Particulars of the cases dealt with during the year are as follows:-

	Hospital In- Patients	Hospital Out- Patients	General Practitioners' Cases	Total
Number of patients sent to Holiday Homes ... ..	-	8	6	14

### Chiropody

Chiropody treatment has been provided since May 1960 for the elderly, the physically handicapped and expectant mothers as part of the County Council's arrangements for the prevention of illness under Section 28 (i) of the National Health Service Act, 1946.

Expectant mothers and persons registered as substantially and permanently handicapped are authorised to visit for treatment a chiropodist approved by the Council. There are four such chiropodists in Woking authorised to carry out treatment under the scheme.

Until July, 1961, chiropody treatment for the elderly was provided only through a scheme operated by voluntary bodies to whom the Council paid a grant towards the cost of the service.

However, since July 1961, the chiropody scheme has been extended so that the elderly, and in addition, blind and partially sighted persons, may also receive treatment direct from chiropodists approved by the Council, as an alternative to receiving treatment through the scheme run by voluntary organisations.

At the end of the year there were six old people's clubs in Woking operating through these voluntary organisations. Five were administered by the Surrey Council of Social Service, whilst one was organised through the British Red Cross Society.

A charge of 3/- is made for each chiropody treatment through either scheme, with free treatment for those unable to afford this fee.



Details of treatment given during 1965 under both the direct and indirect Council scheme are set out below:-

Category	No. of Patients Treated	Total No. of treatments given	
		Club or Surgery	Domiciliary
Expectant Mothers	-	-	-
Handicapped Persons	11	50	46
Registered Blind or Partially Sighted	7	11	30
Elderly Persons	862	3,394	630

### Health Education

The Health Visitor continued to play an important part in Health Education in Infant Welfare Clinics and to supplement this with posters and leaflets on such subjects as immunisation, accident prevention, diet and care of teeth. In two Secondary Schools in the area courses in Mothercraft are given by the Health Visitor to Senior girls. Individual talks by the Staff have been given to Voluntary Societies, Parent/Teacher Associations, etc.

Much of the Health Education Programme has been directed at the schools and a short report will be found in the School Health Section of this report.

## DOMESTIC HELP

### Administration of the Scheme

The Council's scheme makes provision for "domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or is a child not exceeding compulsory school age". The function of the home help is to carry out the normal domestic duties and the running of the home which are usually undertaken by the housewife.

### Establishment

The Establishment of equivalent full-time helps for the financial year ended 31st March 1966 was 26.



Number of cases where domestic help was provided during 1965:-

(a) Maternity (including expectant mothers) ...	149
(b) Tuberculosis ... ..	3
(c) Chronic sick (including aged and infirm) ..	244
(d) Others ... ..	51

#### Neighbourly Help Scheme

During 1961, the Home Help Service was extended by the introduction of the Neighbourly Help Scheme. Under the Scheme, neighbours are given a weekly payment varying between 10/- and £2 for looking after old people living alone or other suitable cases, by paying them frequent visits during the day and carrying out as required and in their own time such jobs as shopping, lighting a fire, preparing meals and cleaning.

11 cases received help under this Scheme in 1965.

#### Special Home Helps

It is often useful to place a home help especially selected and if possible trained to help support, and in the long term, try to rehabilitate a problem family mother. When working with these families they receive an extra 4d. an hour. Special payment is also made when these home helps are called upon to carry out arduous work in extremely distasteful circumstances, to restore premises to conditions of cleanliness and comfort.

### MENTAL HEALTH SERVICES

The reorientation towards community care as envisaged in the recommendations of the Mental Health Act of 1959, is steadily becoming an established part of the socio-medical services in the domiciliary field. The visiting of the mentally ill and sub-normal persons in the community and the provision of care and after care is undertaken through the Mental Health Officers and their social welfare through special Social Workers. Some of the work is at present undertaken by Health Visitors. These Officers endeavour to provide a personal service of advice and support for the patient and his family and so prevent, if possible, further mental breakdown, the need for admission or re-admission to Hospital, and to rehabilitate the patient to a normal life at home, at work and in the community. With suitable support and training, it is possible for even fairly severe mental disabilities to be overcome sufficiently to allow the patients to become independent, though many may require help throughout their lives.

## Subnormality and Severe Subnormality

Investigation and registration of all new cases of subnormality and their community care or admission to hospital or guardianship, is undertaken in conjunction with one of the specialist medical officers on the staff of the County Council.

The Physician Superintendent at Botleys Park Hospital, Chertsey, is most helpful in seeing various patients by appointment and close co-operation has been built up in this way between the Hospital Authorities and the Officers of the local health authority. Gratitude must also be expressed for accommodation offered by the hospital for short term placements to relieve relatives, or in the case of an emergency arising in the family.

### Training Centres and Adult Special Work Units

The object of the Training Centres is to help children to develop in mind and body as much as their condition allows. Training in good habits, in the development of special senses, fine movements and speech is given, creative activity with paints and crayons, physical activities, singing and organised games, go to make the pattern of the day. Not the least of the blessings to the parents is the rest it gives from otherwise unremitting care they have to give. Adult special work units for the older groups are gradually being organised. At present they are hampered by lack of accommodation. Woking subnormals attend training centres at Weybridge and Guildford and the special work unit at Guildford.

### Residential Accommodation

Whenever possible mentally subnormal persons not requiring hospital treatment should live at home, but occasionally this is not possible. Sometimes a foster home or lodgings can be suitable but it may be necessary to provide special residential accommodation for certain groups. In Woking no such accommodation exists, as yet, but a 30 place hostel for adult subnormals is planned for 1969/74.

## Mental Illness

The majority of the mentally ill patients from Woking are admitted to Brookwood Hospital voluntarily. A small number are accepted through Mental Health Officers under various sections of the Mental Health Act.

### Community Care

A team consisting of a Psychiatric Social Worker and Mental Social Workers are responsible for visiting the mentally ill in the community. Close co-operation is maintained with Psychiatric Hospitals and their Specialist Medical Staff. Close liaison is also kept with the general practitioner services. Woking



is covered by such a team-based at Chertsey. Recruitment of staff to equip this team, however, is a difficult problem.

### Residential and Hostel Accommodation

As with mentally subnormal persons, mentally ill persons not requiring hospital treatment should live at home, but occasionally this is not possible or advisable, and it may be necessary to provide special residential accommodation. The Brookwood Hospital have a hostel in the hospital grounds as part of the rehabilitation arrangements for their patients and the County Council have plans for a hostel for mentally ill employable males at Chertsey in 1965/66, as part of their 10 year plan.

### Voluntary Services

Much of the work for the domiciliary care of the mentally ill and handicapped would be to little avail without a sympathetic understanding of their problem by the public. The public response to the work of the Mentally Handicapped Society Social Club continues as vigorous as ever. Their activities now include a Special Care Unit, a Handicapped Baby Clinic, and several Youth Clubs. Steps are now being taken to establish a social centre for the mentally ill.

### No. of Mentally ill cases referred to Local Health Authority during annual period ending 31.12.65.

Referred by	Mentally ill				Psychopathic				Totals
	Under 16		16 and over		Under 16		16 and over		
	M	F	M	F	M	F	M	F	
General Practitioners	-	-	7	28	-	-	-	-	35
Hospitals, on discharge from in-patient treatment	-	-	8	18	-	-	-	-	26
Hospitals, after or during out-patient or day treatment	-	-	6	9	-	-	1	1	17
Local Education Authorities	-	-	-	-	-	-	-	-	-
Police and Courts	-	-	10	2	-	-	-	-	12
Relatives	-	-	6	3	-	-	-	-	9
Other Sources	-	1	9	22	-	-	-	-	32
					GRAND TOTAL				131

Total number receiving home visits at 31.12.65.	1	17	63	81
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# Mental Subnormality

Number of cases under Local Authority care on 31st December, 1965.

	Subnormal		Severely Subnormal		Totals	
	M	F	M	F	M	F
Number of patients under L.H.A. care at 31.12.65.	23	26	16	14	39	40
(a) Attending day training centre	2	3	9	6	11	9
Awaiting entry thereto	2	1	-	1	2	2
(b) Resident in a residential training centre	-	-	-	-	-	-
Awaiting residence therein	-	-	-	-	-	-
(c) Receiving home training	-	-	-	-	-	-
Awaiting home training	-	-	-	-	-	-
(d) (i) Resident in L.A. Home/Hostel	1	-	-	-	1	-
(ii) Awaiting residence in L.A. Home/Hostel	-	-	-	-	-	-
(iii) Resident at L.A. expense in other residential Homes/Hostels	-	3	-	-	-	3
(iv) Residence at L.A. expense by boarding out in private household	-	-	-	-	-	-
(e) Receiving home visits and not included under (a) to (d)	18	19	7	7	25	26
(f) Others (including not yet visited)	-	-	-	-	-	-
Number of patients in L.H.A. area on waiting list for admission to hospital on 31.12.65.						
(a) In urgent need of hospital care	-	-	-	1	-	1
(b) Not in urgent need of hospital care	-	1	-	-	-	1
Number of admissions for temporary residential care (e.g. to relieve the family during 1965)						
(a) To N.H.S. hospitals	-	-	1	1	1	1
(b) Elsewhere	-	-	-	-	-	-

## WELFARE SERVICES

A sub-committee of the Health Committee was started in September, 1964 consisting of representatives of statutory and voluntary social services in the area. The purposes are to review regularly the services available to the disabled and elderly, to co-ordinate the work and advise the Health Committee of improvements that can be made.

Two leaflets on the services available to the elderly and the handicapped, for distribution and a Club for the deaf was commenced. A group of handicapped elderly now meet regularly in the Day Clinic at the new W.V.S. Headquarters and they receive physiotherapy, occupational therapy, and some attention and advice from a Health Visitor, and in a friendly atmosphere help each other to rehabilitate.

For a greater part of the year the blind services have been without a Social Worker but the other services, voluntary and statutory, have been well maintained. The special provisions made are:-

### Friendly Visiting

Each of the categories mentioned have a social worker specially trained who visits each handicapped person, assesses their handicap and their needs, acquaints them with the special facilities and amenities available to them, interprets their needs to the statutory and voluntary services and works closely with the local voluntary association. She often introduces or sometimes is introduced by the voluntary staff of the local club or group.

### Clubs

Each of the groups have a local club where the handicapped person meets others similarly handicapped and friendly members of the public. The clubs meet about once a month and in addition organise outings to various places of interest and to other neighbouring clubs.

### Sheltered employment and training

Depending on the severity of the handicap a special "placement service" in open or sheltered industry or commerce is undertaken of all disabled either by the local Ministry of Labour or voluntary associations, and in the case of the young adult the Youth Employment Officer. Provision for training or rehabilitation is made by the Council and the Ministry. Workshops for the blind and disabled, Home Workers Schemes and Occupational Therapy for other categories of severely handicapped are available.

### Meals on Wheels

Meals on wheels for the elderly and the handicapped is organised locally by the Women's Voluntary Service. About 150



meals are distributed twice weekly.

### Medical equipment, aids and adaptations to the home

The Council assist handicapped persons to overcome the effects of their disabilities by the provision of suitable aids and by adaptations to their dwellings, the purpose of which is to help them to continue to live in their own homes without undue hardship.

### Holidays

Special holiday arrangements are made for each of the categories of handicapped and aged. Arrangements are also made to receive into care severely handicapped persons to enable other members of the family to go on holiday.

### Occupational Therapy

Occupational Therapy is provided for both the handicapped and for the tuberculous through the County Council team and full time qualified occupational therapy team. They also assist in constructing aids to help the handicapped.

### Voluntary Organisations

The Women's Voluntary Service, the Red Cross and the Old People's Welfare Committee in association with the Woking Council of Social Service organise the clubs for the handicapped and aged and are also responsible for the Meals on Wheels, Medical Loans, distribution of clothing, holidays and many of the other activities associated with them. They are assisted by many other voluntary associations. The Surrey Associations for the Blind, the Deaf, Hard of Hearing and the Disabled are agents for the County Council and the Council in respect of each of those disabilities.

### Housing

As a Housing Authority the Council make special provision for housing for the aged and handicapped.

#### (a) Blind and Partially Sighted Persons

The number of persons living in the Urban District who were on the Register of Technically Blind Persons at the end of 1965 was 149.

The age distribution is indicated below:

Age Group	New Cases Registered during year			Total Registered Blind Persons		
	Male	Female	Total	Male	Female	Total
1 - 4	1	-	1	1	-	1
5 - 15	-	-	-	4	-	4
16 - 49	-	1	1	8	14	22
50 - 64	1	1	2	8	11	19
65 - 84	6	9	15	20	44	64
85+	-	5	5	6	33	39



In addition, there are 27 persons on the Partially Sighted Register. Every effort is made to ensure that the benefits of registration are known and many referrals are now received through the National Assistance Offices, Almoners, Health Visitors, Welfare Officers, etc.

Workshops for the Blind, Home Workers' Scheme and National Library

There is at present one Working blind person employed in a Workshop for the Blind as a knitter. The Council pays capitation fees to the Workshop and supplementation of earnings to the blind employee.

Capitation fees and augmentation of earnings are also paid to the Royal National Institute for the Blind in respect of one blind person whose work as a piano tuner is supervised by their Home Industries Department.

In addition, 17 blind persons are supplied with Braille or Moon Type Books by the National Library for the Blind.

(b) The Deaf or Dumb and Partially Deaf

The Middlesex and Surrey League for the Hard of Hearing act as the Council's agents in respect of persons who have hearing difficulties, whilst the Royal Association in Aid of the Deaf and Dumb implemented the Council's scheme for the provision of welfare services for deaf and dumb persons, until 1st April 1963. Since that date, the Royal Association have retained responsibility for the spiritual activities only, whilst the County Council employs a Social Welfare Worker for the Deaf to undertake general welfare duties for deaf persons.

The number of persons on the Register of Deaf and Hard of Hearing on the 31st December 1965 was as follows:-

			Children under age 16	Persons aged 16 - 64	Persons aged 65 & over
Register of Handicapped Persons (Deaf)	With speech	M	-	10	-
		F	-	3	-
	Without speech	M	-	12	5
		F	-	7	2
Register of Handicapped Persons (Hard of Hearing)		M	-	5	1
		F	-	8	10
TOTAL			-	45	18

The Welfare Officer of the area is Mr. C. Davis. He is responsible for all welfare matters concerning the deaf and works in close liaison with the Middlesex and Surrey League for the Hard of Hearing. He is also available to interpret for deaf persons in Court and such situations involving disputes, misunderstandings and so on.

(c) Other Handicapped Persons

	Male	Female	Totals
Under 16	-	1	1
Aged 16 - 64	30	33	63
Aged 65 and over	<u>25</u>	<u>35</u>	<u>60</u>
	<u>55</u>	<u>69</u>	<u>124</u>

Under the County Council scheme for handicapped persons (other than the blind and deaf) the Council share the services of a social worker and she works closely with the Voluntary Association for Surrey Disabled. The Voluntary Association keeps in touch with all other organisations catering for the physically handicapped in Surrey.

During 1965 financial assistance was given towards the training and rehabilitation of one handicapped person:

(d) The Aged

In addition to the Medical and Statutory Services detailed in the Care and After Care Section, there has been over the years a steady increase in the amount and type of welfare facilities for old people provided by voluntary effort. Much of the work started through a local Old People's Welfare Committee affiliated to the Woking Council of Social Service.

Old People's Clubs

There is now a club for old people in each of the residential areas of the district. The clubs meet monthly or bi-monthly and are very popular. Many of the clubs undertake friendly visiting of their members and others who wish it in their areas; they also organise holidays at special terms and each year a handicraft exhibition is held centrally.

Meals on Wheels

This is organised by the Women's Voluntary Service. Meals are obtained from the canteen of a local firm and from Brookwood Hospital. 7,654 meals were served during the year.

NATIONAL ASSISTANCE ACT, 1948

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

Under Section 47 of the 1948 Act power is given to the Councils of County Boroughs and County Districts to apply to a Court of Summary Jurisdiction for an order for removal and detention in a suitable hospital or other place of persons who:-

(a) are suffering from grave chronic disease, or being aged, infirm or physically incapacitated are living in insanitary



conditions, and,

(b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

The 1951 Act enables Local Authorities to deal more speedily with very urgent cases by initial removal for a period not exceeding 3 weeks.

One case required action under these enactments during 1965.

#### NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

The Council are responsible for the registration and supervision of certain nurseries and of persons who for reward receive children into their houses to look after them.

At the end of the year 1965 the following number of premises and of persons had been registered.

	Number registered at 31.12.1965.	Number of children provided for
Premises	10	147
Daily Minders	18	130

There has been a considerable increase in the number of registrations and there is no doubt that these persons are playing a very useful part. The Council's Day Nursery would have a longer waiting list but for the help received from these persons. A further useful trend has been the formation of play-groups held in large halls and often organised by a group of parents. Besides helping the mothers, the children appear more ready for school at the age of five. By the admission of the odd handicapped and immigrant child these groups would play an even more useful purpose.

ENVIRONMENTAL  
HEALTH  
SERVICES



## HEALTH DEPARTMENT

### TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE

Madam Chairman, Ladies, and Gentlemen,

Once again, I have pleasure in presenting my report on the environmental hygiene section of the Public Health Department.

Reference has been made on many occasions to the diversity of tasks that the Public Health Inspector is called upon to perform, as reference to the summary of duties on page 55 clearly indicates. Each year fresh legislation affecting public health emanates from Parliament, and the year 1965 was no exception.

I was particularly pleased that the Council saw fit to transfer the responsibility for improvement grant work and the new provisions concerning improvement areas contained in the Housing Act, 1964 to my Department. This is indeed an onerous task but one which, in the long run, should prove satisfying and rewarding. The aim is to achieve on an area basis the improvement of all the older houses in the District that are without hot water, bathrooms, and internal sanitation. The procedures under the Act are necessarily protracted, but towards the end of the year a start had been made with the declaration of the first improvement area.

Inspections under the provisions of the Offices, Shops and Railway Premises Act, 1963 progressed satisfactorily during the year. The administration of this entirely new piece of legislation has called for quite tactful handling, but I am pleased to record quite sincerely that the co-operation of shop keepers, owners, and agents of properties throughout the District has been extremely good. The main problems occur in the central area of the town where the greatest concentration of shops and offices is to be found. Because of some uncertainties over the future redevelopment of the town area, owners of office and shop property, although willing to comply with requirements not of a structural nature, have shown a natural reluctance to embark on more major works because of the question of unreasonable expense for a doubtful period of time.

The improvement of hygienic conditions in the manufacturing, storing, and handling of foodstuffs in food shops, cafes, and canteens continues to be a major part of the daily routine of the Public Health Inspector. It is sad to report that one still finds too often quite serious contraventions of the Food Hygiene Regulations despite all efforts to educate food handlers to measure up to their responsibilities to the general public. I would once again like to make the point, made so many time before, that in matters of improper practices observed in food shops, cafes, and other places, members of the public very often have the remedy in their own hands.

A great deal of publicity arose at one period during the year from a number of prosecutions taken against the licensees of public houses, and in some cases their employees, for smoking whilst on duty, and this might be a suitable occasion to clear up one or two misconceptions. In the first place, although to many smoking may seem an innocuous practice, it is quite clearly a contravention of the Food Hygiene Regulations if indulged in by those who are engaged in the handling of food, which includes beer, for sale to the public. In the second place, there are very few public houses at which it is not possible to obtain over the bar a wide variety of open food, even cooked hot meals. The publican and his employees must, therefore, stand in the same relationship to customers as does the food handler in any food shop, cafe, or canteen.

Finally it should be made clear to all that the principal reason for the prohibition of smoking by food handlers is not so much that ash may be dropped on food or in beer, however objectionable that may be, but rather that the act of smoking entails the ever-present risk that organisms may be transferred from the mouth of the smoker to food or utensils.

One of the least publicized functions perhaps of the Public Health Inspector is that of food sampling which includes of course implementation of a considerable number of regulations dealing with the labelling of food. It was found possible to increase the number of samples during the year by about 25%, and, although the days of gross adulteration of food are gone, the complexities of modern life with its advertising and multiplicity of food standards and packaging require constant vigilance in this field of public health work.

During the year the staff of Public Health Inspectors was increased by two. This enabled the necessary re-organization consequent upon the additional functions under the Housing Act, 1964, to take place.

In conclusion I would emphasize that no public health department could function satisfactorily to the benefit of the rate-payers without the full support and encouragement of the Council and loyalty of all members of the staff. These I have had to the full.

Yours sincerely,

A. G. DAVIES  
Chief Public Health Inspector.



# SUMMARY OF DUTIES CARRIED OUT

The following is a classification of the number and nature of the inspections made during 1965.

Inspections under Housing Acts	...	...	...	...	...	...	...	...	296
Inspections of dwellings under Public Health Acts	...	...	...	...	...	...	...	...	997
Inspections of dwellings under Rent Act	...	...	...	...	...	...	...	...	12
Enquiries re infectious disease	...	...	...	...	...	...	...	...	61
Investigations re overcrowding	...	...	...	...	...	...	...	...	9
Investigations re noise	...	...	...	...	...	...	...	...	56
Investigations re food complaints	...	...	...	...	...	...	...	...	189
Visits to slaughterhouses	...	...	...	...	...	...	...	...	611
" " dairies	...	...	...	...	...	...	...	...	73
" " bakeries	...	...	...	...	...	...	...	...	68
" " other food premises	...	...	...	...	...	...	...	...	1429
" " factory and school canteens	...	...	...	...	...	...	...	...	39
" " licensed houses and hotels	...	...	...	...	...	...	...	...	89
" " movable dwellings	...	...	...	...	...	...	...	...	335
" " factories, workplaces, offices, etc.	...	...	...	...	...	...	...	...	628
" " verminous premises	...	...	...	...	...	...	...	...	53
" " premises where ice cream is manufactured, stored or sold	...	...	...	...	...	...	...	...	120
" " market stalls and mobile food shops or vans	...	...	...	...	...	...	...	...	44
" " schools re sanitary accommodation	...	...	...	...	...	...	...	...	1
Drain tests	...	...	...	...	...	...	...	...	1
Inspections concerning Grants for Improvement of Dwellings	...	...	...	...	...	...	...	...	529
" " smoke nuisance	...	...	...	...	...	...	...	...	98
" " drainage systems	...	...	...	...	...	...	...	...	378
" " rodent infestation (by Health Inspectors)	...	...	...	...	...	...	...	...	132
" " pest control (including anti-mosquito control)	...	...	...	...	...	...	...	...	344
" " pollution of streams, etc.	...	...	...	...	...	...	...	...	100
" " refuse tips, etc.	...	...	...	...	...	...	...	...	168
" " public conveniences	...	...	...	...	...	...	...	...	1
" " keeping of animals	...	...	...	...	...	...	...	...	22
" " swimming pools	...	...	...	...	...	...	...	...	33
" " food poisoning	...	...	...	...	...	...	...	...	8
Lectures to outside organisations	...	...	...	...	...	...	...	...	42
Exhumations	...	...	...	...	...	...	...	...	2
Miscellaneous	...	...	...	...	...	...	...	...	1828
Total number of visits	...	...	...	...	...	...	...	...	8796
Re-inspections	...	...	...	...	...	...	...	...	1225

## HOUSING

The task of maintaining rented houses to a proper standard of repair continues to be a problem, chiefly because of the high cost of repairs in relation to rents and the difficulty in an area such as Woking of obtaining labour for work which is not particularly attractive to the building trade.

The new powers of compulsory improvement of rented dwellings should eventually help in this direction because of the scope it allows to co-ordinate repair with improvement.

### 1. Inspection of dwelling-houses during the year.

- |     |   |      |
|-----|---|------|
| (a) | Total number of dwelling-houses inspected for housing defects under the Public Health or Housing Acts   | 1293 |
| (b) | Number of dwelling-houses (included under sub-head (a) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925            | 37   |
| (c) | Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation                                    | 12   |
| (d) | Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation | 982  |

### 2. Remedy of defects during the year.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	911
---	-----

It is the policy of the department to achieve the repair or reconditioning of dwelling-houses by persuasion and negotiation rather than by statutory action; and in this connection, 882 preliminary notices were sent to landlords during the year. Such action does not, however, always succeed, and when it does not, statutory notices are served under the appropriate powers.



During 1965 it was necessary to take the following formal action:

Statutory Notices -

Public Health Act, 1936, Section 93	...	...	14
Public Health Act, 1961, Section 17	...	...	1
Public Health Act, 1961, Section 26	...	...	1

3. Clearance of Unfit Houses

No clearance areas were represented during the year, but demolition orders in respect of nine individual houses were made.

A closing order in respect of a house in the Knaphill area was determined following the completion of extensive works to render it fit for habitation.

4. Houses in Multiple Occupation

Twenty-six Notices of Direction to Reduce or Prevent Overcrowding were served under Section 19 of the Housing Act, 1961, during the year, bringing the total number of properties affected by the service of Direction Notices to 44.

5. Rent Act, 1957

The number of applications for Certificates of Disrepair under the Act is shown by comparison with the figures for the previous year given in brackets.

(1) Number of applications for Certificates of Disrepair	2 (1)
(2) Number of decisions to issue Certificates:	
(a) in respect of some but not all defects	- (1)
(b) in respect of all defects	2 (1)
(3) Number of undertakings given by landlords under paragraph 5 of the First Schedule	2 (1)
(4) Number of Certificates issued	- (-)
(5) Number of applications by landlords for cancellation of Certificates	1 (-)
(6) Number of Certificates cancelled	1 (-)

## 6. Housing Waiting List

The following information relates to the position as at 31st December, 1965.

### Priority Register

Applicants in self-contained accommodation	...	...	...	24
Applicants in shared accommodation or caravans	...			148
Old people in shared accommodation except for those who occupy by reason of a service tenancy	...			90
Slum clearance	...	...	...	4
Total	...			266

### Qualifying Register

Applicants registered for less than 1 year	...	...	...	159
Total of Housing Waiting List at 31st December, 1965	...	...		425

## 7. Housing Development

The following is a statement of the number of dwellings erected in the Urban District during 1965:

### (a) by the Local Authority -

1-bedroom old people's flats	...			34
------------------------------	-----	--	--	----

### (b) by private enterprise -

4-bedroom houses	...	...	...	55
3-bedroom houses	...	...	...	281
2-bedroom houses	...	...	...	46
3-bedroom flats	...	...	...	2
2-bedroom flats	...	...	...	60
1-bedroom flats	...	...	...	2

At the end of the year, 519 dwellings were in course of erection by private enterprise, and 4 by other Local Authorities.

A further six units of accommodation were provided by conversion during the year.

## HOUSING LOANS AND IMPROVEMENT GRANTS

The Housing (Financial Provisions) Acts, 1958 and 1959 enable Local Authorities to make advances for various purposes, including the altering, enlarging, repairing or improving houses, and grants may be made under other enactments for the conversion and improve-



ment of dwellings.

Applications for such advances or grants are dealt with by the Treasurer, and the Health Department supplies him with information relating to outstanding notices under the Public Health or Housing Acts on the properties concerned, and as to the possibility of the properties being considered for closure or demolition or the likelihood of being included in a Clearance Area, and such other information as may prove useful in the valuation of the properties.

During 1965, fifty-seven applications were submitted to the Health Department, as follows:

Housing Advances	...	...	33
------------------	-----	-----	----

Improvement Grants	...	...	24
--------------------	-----	-----	----

As mentioned elsewhere in the Report, all work in connection with improvement grants and the new compulsory powers under the Housing Act, 1964 for dealing with the improvement of rented houses by way of Improvement Areas, or on the request of individual tenants, was delegated to the Public Health Department by the Council, and was taken over on the 1st September.

By the end of the year, one Improvement Area containing 96 houses, of which 46 were rented and without one or more of the standard amenities, had been declared.

In addition 10 applications were received from the tenants of individual houses requesting the Council to exercise their powers under the Act.

Also dealt with in the period from September to December were a further eighteen applications for grant from owners of properties.

#### LAND CHARGES ACT, 1925

In accordance with the provisions of the Land Charges Act, 1925, enquiries relating to 1,891 properties were received from the Clerk of the Council. The enquiries concerned the following:

- (a) Outstanding notices under the Public Health and Housing Acts.
- (b) Proposals for Slum Clearance or Smoke Control Areas.
- (c) Certificates in force under the Rent Act, 1957 (1st Schedule).

The necessary searches were made and the information supplied.

#### SEWERAGE SCHEMES

Construction of the Horsell North Drainage Scheme continued during 1965 and will be completed early in 1966. It is hoped that the new pumping station and sewers will be commissioned during

April, 1966.

It is anticipated that work on the drainage of the groups of houses on the line of the Hoe Valley Sewer will be carried out during 1966.

Approval for the construction of the new sludge beds and the installation of sludge lifting machinery at the Old Woking treatment works has been received from the Ministry, and the work will be commenced in the early part of 1966.

The scheme for the construction of the second extension of the Wisley Sewage Treatment Works has been approved by the Ministry and work will be commenced in May 1966.

Tenders were received and accepted in 1965 for the construction of a sewer in Poplar Grove to drain ten properties, and it is anticipated that the work will be carried out and completed by June 1966.

#### OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Steady progress was made during the year with the initial inspections of registered premises and others found by the Inspectors during the normal course of their routine duties. With the help of the new staff appointments made during the year, it is anticipated that all the premises requiring inspections under the Act will have had their first visit in the not too distant future.

The following comments, which may be of interest, summarise the conclusions of the Inspectors on inspections made to the end of the year.

##### Cleanliness

Generally satisfactory, and if not, usually easily remedied by improving wall, ceiling, and floor surfaces.

##### Overcrowding

A problem which is being overcome. Work has already been completed in some premises even though it was brought to the notice of owners, etc. that 1.8.67 is the operative date.

##### Temperature

Generally no problems. The only queries are the types of goods to which heat would have deleterious effects in food shops.

##### Ventilation

No great problems.

##### Lighting

Lighting was measured in lumens on the working plane in work



rooms and in passages, staircases, etc. at about 3'6" to 4'0" from the ground.

1. Measurements were taken in order that allowances could be made for the loss of the daylight factor during the winter months.

In most offices, and rear rooms, storerooms and wash places in shops, the standard was found to be generally poor.

It would be an improvement if natural light could be enforced where it is possible, depending upon structural conditions.

2. In the older type offices the pendant type bulbs are most commonly found, often with unsatisfactory shading.

The lighting in shops is very often provided by the fluorescent strip type. These lights diminish in quality and are often covered by diffusing plastic fittings.

The main places where light is seriously deficient is in butchers' cutting rooms.

Examples:	Storerooms usually	5 - 10 lumens
	Shops-rear rooms	5 - 15 lumens
	Shops-public area	15 - 25 lumens
	Offices	10 - 25 lumens

3. The standard used by the Department for assessing lighting is the one recommended by the Illuminating Engineering Society, London, as follows:

Lifts, staircases, corridors:	7 - 10 lumens
Rough work and waiting rooms:	15 - 20 lumens
Classrooms, shops & kitchens:	20 - 30 lumens
Drawing offices, offices, cutting and sewing rooms:	30 - 45 lumens

#### Premises inspected during November, 1965

The following results were obtained from the testing of lighting standards in a number of offices inspected during November:

Less than 5 lumens	-	nil
Between 5 & 10 lumens	-	3%
Between 10 & 15 lumens	-	31%
Between 15 & 25 lumens	-	56%
More than 25 lumens	-	10%

From visits to a number of shops during the same period the following general results were obtained:

Lighting in public area	-	15 - 50 lumens
In rear rooms	-	2 - 10 lumens

## Sanitary conveniences and hand-washing facilities

The main problems encountered were:

1. Premises occupied by several different companies
2. Lack of space in existing premises where the facilities are inadequate
3. Premises in redevelopment areas.

A considerable amount of work has been completed in order that shops and offices could comply by 1st January 1966.

One exemption has been granted, but work is now in progress and will soon be completed.

## Drinking Water

The Act does not state that drinking water must run from the rising main. It has been found that owners have been sympathetic to a request that water should be provided from the rising main and not through a storage tank.

## Seats

No great problem

## Eating facilities

The Department has received many requests and enquiries from office personnel concerning the question of provision of facilities in offices.

## Floors, Passages, and Staircases

No great problems

## Fencing of Exposed Machinery

The bacon slicer is the main piece of machinery encountered. Several types of these machines are difficult to guard and use satisfactorily.

Where guards have been requested on guillotines and cutting machinery, they have now been provided.

The following tables set out the statistics relating to the Act up to the 31st December 1965:



TABLE A - REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	No. of premises registered during the year	Total No. of registered premises at end of year	No. of registered premises receiving a general inspection during the year
Offices ... ..	30	217	85
Retail shops ...	71	412	254
Wholesale shops, warehouses	-	14	-
Catering establishments open to the public, canteens ...	16	50	16
Fuel storage depots	-	1	-
TOTALS	117	694	355

TABLE B - NUMBER OF VISITS OF ALL KINDS BY PUBLIC HEALTH INSPECTORS TO REGISTERED PREMISES

TOTAL ... .. 1113

TABLE C - ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of Workplace	No. of persons employed
Offices ... ..	2,595
Retail shops ... ..	2,200
Wholesale departments, warehouses	191
Catering establishments open to the public ... ..	279
Canteens ... ..	33
Fuel storage depots ...	14
Total	5,312
Total Males ...	2,440
Total Females ...	2,872

TABLE D - EXEMPTIONS

Part III - Sanitary Conveniences (Sec. 9)

No. of exemptions current at end of the year:

\* Offices .. 1

Part IV - Washing Facilities (Sec.10)

No. of exemptions current at end of the year:

\* Offices .. 1

\* Both cases related to an office in a  
Fuel Storage Depot.



FACTORIES ACT, 1961  
INSPECTIONS

1. INSPECTIONS for purpose of provision as to health

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	19	2	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority ...	258	68	5	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	26	3	-	-
TOTAL	303	73	5	-

2. Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecu- tions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	2	2	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable tempera- ture (S.3)	-	-	-	-	-
Inadequate ventila- tion (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	1	1	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	2	2	-	1	-
(b) Unsuitable or defective	2	2	-	1	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	1	1	-	-	-
TOTAL	8	8	-	2	-



## OUTWORKERS

Ten visits have been made by the Public Health Inspectors to the homes of persons notified to the department as outworkers. It has been found that the home conditions are satisfactory.

The following shows, by trades, the number of outworkers residing in the district, and who were notified to this department in the August lists as required by Section 133 of the Act:

Wearing apparel	...	...	8
Electrical parts	...	...	2

There were no cases of default in sending lists to the Council (Section 133) and no instances of work in unwholesome premises (Section 134).

## MOVABLE DWELLINGS

The only large caravan site in the Urban District is that at Warren Farm. The site houses 100 caravans in a pleasantly rural situation and the amenities are in some respects of a higher standard than those recommended in the Model Standards issued by the Ministry of Housing and Local Government.

There also exist in the Urban District 5 smaller sites for which permanent or long-term planning permission has been granted, and at 9 other sites, housing single or small numbers of caravans, planning permission has been granted for limited periods.

## INSPECTION AND SUPERVISION OF FOOD

This aspect of public health work must always be regarded as of the greatest importance and consequently a great deal of the time of the Public Health Inspectors is taken up with the many duties that fall under this heading.

Progress towards full compliance with all the requirements of the Food Hygiene Regulations is not as quick as one would wish, but during the year it was encouraging to note that a number of smaller food retailers had completely refitted their premises in a desire to meet the standards and at the same time attract custom. In these days of bright, spacious supermarkets, this is no mean achievement on the part of the small man.

One always regrets the occasions when prosecutions have to be taken for the sale of foodstuffs in an unsound condition. In the majority of cases, it is the result of improper storage, or lack of attention to stock rotation. It is not a difficult matter for even the smallest food shop to devise a simple coding system for perishable foods such as sausages and meat pies which would reduce the risk of the recommended "shelf life" for foods of this nature being exceeded.

Needless to say this advice is constantly being given by the Public Health Inspectors but is far too often ignored.

Sixty-six complaints of extraneous matter in food, or other unsound conditions were made by the public during the year. (There were 55 such complaints in the previous year). All were thoroughly investigated and appropriate action was taken in every case. Legal proceedings were instituted in six cases and fines ranging from £10 to £20 were imposed.

Forty-two lectures on various aspects of the work of the department, including food hygiene and food poisoning were given and were augmented by visual aids, photographs and films.

As part of the constant activity to maintain food standards, the following samples were obtained during the year, exclusive of those taken in the course of our responsibilities in connection with food and drugs legislation.

Bacteriological examination -

Water	...	...	...	50
Milk	...	...	...	158
Ice Cream	.	...	...	43

At the end of the year, there were in the Urban District 490 food premises subject to the Food Hygiene (General) Regulations, 1960.

The table, set out below, shows, in categories,

- (a) the number of premises;
- (b) the number of premises fitted to comply with Regulation 16 (provision of wash-hand basins);
- (c) the number of premises to which Regulation 19 applies (facilities for washing food and equipment);
- (d) the number of premises fitted to comply with Regulation 19.



Classification	No. of Premises	Premises fitted to comply with Reg. 16	Premises to which Reg. 19 applies	Premises fitted to comply with Reg. 19
Bakehouses and bakers' shops	28	28	20	18
Butchers' shops	46	45	46	46
Cafes and restaurants	39	39	39	39
Confectioners	75	70	61	49
Factory and School canteens	55	55	55	55
Fishmongers' and fried fish shops	22	21	22	22
Greengrocers	58	52	58	56
Grocers	130	129	130	112
Licensed Houses	37	37	37	37
TOTALS	490	476	468	434

Thirty-nine premises are now registered under Section 16 of the Food and Drugs Act, 1955, for the preparation of preserved food; 217 premises are registered for the sale of ice cream.

#### MEAT AND OTHER FOODS

The total of all unsound food surrendered during the year amounted to nearly 6 tons.

	Tons	Cwts.	Qrs.	Lbs.
Meat ... ..	1	18	-	1 $\frac{3}{4}$
Fish, Poultry, Game ..	-	1	3	20 $\frac{1}{2}$
Cereals and Cake Mixture ...	-	1	1	9
Jam ... ..	-	-	3	7 $\frac{1}{2}$
Frozen and Canned Foods ...	3	13	3	4
Miscellaneous .. ...	-	2	-	19 $\frac{1}{4}$
TOTAL	5	18	-	6

#### Slaughterhouses

Slaughtering continued throughout the year at two slaughterhouses. A third slaughterhouse which had operated in the district for over fifty years was closed at the end of March 1965.

The Ministry of Agriculture, Fisheries and Food authorised that the appointed day for the introduction of the Construction Regulations should be 1st April, 1965, and on that day, the Regulations became fully effective in Woking.

TABLE 1

Meat Inspection Comparative Table

Year	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
1956	341	-	521	1,150	2,696	4,708
1957	432	-	572	1,201	2,582	4,787
1958	368	22	309	1,043	2,682	4,424
1959	350	24	223	1,645	2,440	4,682
1960	471	27	197	1,503	3,583	5,781
1961	644	49	344	3,161	4,352	8,550
1962	869	156	444	5,846	5,015	12,330
1963	916	123	353	4,223	4,749	10,364
1964	869	121	214	4,089	4,423	9,716
1965	638	28	94	2,317	1,893	4,970



TABLE 2

## Carcases Inspected and Condemned during 1965

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ... ..	638	28	94	2,317	1,893
Number inspected .. ...	638	28	94	2,317	1,893
All diseases except Tuberculosis - Whole carcases condemned	-	-	-	-	3
Carcases of which some part or organ was condemned ... ..	106	17	1	149	312
Percentage of the number inspected affected with disease other than tuberculosis ... ..	16.6	60.7	1.1	6.4	16.6
Tuberculosis only - Whole carcases condemned	-	-	-	-	1
Carcases of which some part or organ was condemned ... ..	1	-	-	-	44
Percentage of the number inspected affected with tuberculosis ... ..	0.2	-	-	-	2.4

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no egg pasteurisation plants within the Urban District.

## ADULTERATION OF FOOD

During the year 138 samples of various foodstuffs and drugs were purchased in accordance with the provisions of the Food and Drugs Act, 1955, and submitted to the Public Analyst for chemical analysis.

Details of the articles submitted and the results of analysis are shown in the following table.

Articles	Analysed			Adulterated or Irregular		
	Formal	Informal	Total	Formal	Informal	Total
Food:						
Apples		1	1			
Batter Mix	1		1			
Beef Chop Suey		1	1		1	1
Beef Stew		1	1			
Blackcurrant Drink		1	1			
Blackcurrants in Syrup		1	1			
Brandy	1		1			
Brandy Flavouring		1	1			
Broth		1	1			
Butter	3		3			
Casserole Steak		2	2			
Cashew and Apricot Kernels		1	1			
Cereal Beverage		1	1			
Coffee		1	1			
Confectionery (Flour)		1	1			
Confectionery (Sugar)	5	4	9			
Corned Beef		1	1			
Cream	2	1	3			
Cream Cheese	1	1	2		1	1
Cream, Double		1	1			
Cream, Sterilised		2	2			
Dates		1	1			
Dripping		1	1			
Egg Custard with Rice		1	1			
Flour, Plain	1		1			
Fruit, Dried		6	6			
Fruit salad		1	1			
Garlic		1	1			
Gin	1		1			
Ginger Punch		1	1			
Ground Almonds	1		1			
Honey		2	2			
Lamb Chops and Sausages		1	1			
Lard, pure	1	8	9	1	4	5
Lemons		1	1		1	1
Carried forward	17	47	64	1	7	8



Articles	Analysed			Adulterated or Irregular		
	Formal	Informal	Total	Formal	Informal	Total
Brought forward	17	47	64	1	7	8
Lemon Sack		1	1		1	1
Maple Syrup		1	1			
Marzipan		3	3		1	1
Milk	15		15			
Milk, Channel Islands	8		8			
Milk Shake Syrup	1		1			
Milk, Full Cream Evap.		2	2			
Milk, Skimmed		2	2		1	1
Mincemeat	1		1			
Mussels		1	1			
Nut Spread		1	1			
Oranges		1	1			
Oysters		1	1			
Paprika		1	1			
Pate with Mushrooms	1		1			
Petals, Crystallised		2	2			
Pork, Chunky		1	1		1	1
Pork Cutlets with Champignons		1	1			
Pork Luncheon Meat		1	1			
Port	1		1			
Raspberries in Syrup		1	1			
Rice Curry		1	1			
Saffron		1	1		1	1
Salmon		2	2			
Sausages	3		3			
Soup		2	2			
Steak, Stewed		2	2			
Trout, Rainbow		1	1			
Tuna		1	1			
Vegetable Juices		1	1			
Vodka	2		2			
Wine, Alcoholic	1		1			
Wine, Non-alcoholic	1		1	1		1
Yoghurt		1	1		1	1
Drugs:						
Beechams Powder	1		1			
Cough Mixture		1	1			
Diarrhoea Mixture		1	1			
Kali Mur		1	1			
Marking Ink		1	1		1	1
Olive Oil		1	1			
Vitamin Syrup		1	1			
Vitamin Tablets	1		1			
TOTAL	53	85	138	2	14	16

With regard to the sixteen samples which were described as being adulterated or otherwise giving rise to irregularity, the Public Analyst reported as follows:

Beef Chop Suey

Deficient in meat. The article consisted of two separate cans, one containing the vegetables and the other the sauce and beef. The latter contained only 15% of meat, whereas in the opinion of the Public Analyst, it should contain not less than 25%. The meat content of the combined contents of both the cans was 5%.

Cream Cheese

Contained only 35.9% of milk fat instead of a minimum of 45%.

Lard, Pure

The five samples contained the antioxidant butylated hydroxyanisole. Pure lard was not an appropriate designation.

Lemons

The price was stamped on the skin of the lemons with a non-permitted colour. Although the use of a non-permitted colour in this connection is not contrary to the Colouring Matters in Food Regulations, it is, in the opinion of the Public Analyst, an undesirable practice.

Lemon Sack

Incorrectly described. Consisted of a non-alcoholic cordial whereas sack is a name usually applied to an alcoholic drink of sherry type. No lemons or lemon essence had been used in the preparation of this drink.

Marzipan

Contained not more than 22% of ground almonds instead of not less than 25%.

Milk Skimmed

The information and advertisement accompanying the article were misleading and not in accordance with the Skimmed Milk with Non-Milk Fat Regulations, 1960.

Pork, Chunky

The name "chunky" was not an appropriate one for the



article as sold, which was a chopped pork.  
Misleading illustration on the label.

### Saffron

The label bore no declaration as required by Regulation 7 (3) and the Second Schedule of the Colouring Matters in Food Regulations, 1957.

### Wine, Non-alcoholic

The terms "non-alcoholic" and "wine" are in contradiction and the latter should not be used in connection with a drink of this nature. The article was a soft drink as defined in the Soft Drinks Regulations, 1964.

### Yoghurt

This article was described on the label as low fat, but it contained as much as 2.8% of milk fat. Having regard to the total of the proportions of sugar, fruit, and separated milk powder present, the article cannot be considered as low in fat.

The list of ingredients stamped on the metal foil cap of the container was neither legible nor conspicuous.

### Marking Ink

The price marking ink contained a non-permitted colour. A marking ink intended for use for price marking of citrus fruits should be prepared with a permitted colour.

## MILK AND DAIRIES (GENERAL) REGULATIONS, 1959

### Registration of Distributors of Milk

The number of distributors of milk in the district registered in accordance with the Regulations was 37 at the end of the year.

## MILK (SPECIAL DESIGNATION) REGULATIONS, 1963 (as amended)

By the end of the year, the following Dealers' (Pre-packed Milk) licences had been issued, authorising the use of the special designations as described in the amended regulations:

Untreated	...	...	13
Pasteurised	...	...	40
Sterilised	...	...	18
Ultra Heat Treated	..		2

All licences were due for renewal immediately after 31st December, 1965.

## GAME LICENCES

Fourteen applications were received from tradesmen in the district for licences to deal in game. A licence was granted in each instance.

## BURIAL OF THE DEAD

Two burials were arranged in accordance with Section 50 of the National Assistance Act, 1948, during the year.

## RODENT AND PEST CONTROL

There was a very considerable increase in the number of complaints of rodent infestations received in 1965 as compared with the number for the previous year. The comparative figures are as follows:

	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>
Rat Complaints	447	505	628	813
Mice Complaints	53	53	39	53

Again prompt attention was given to all complaints, and possible breeding grounds were kept under proper and regular supervision. The free service to domestic properties has been continued and has possibly led to the more frequent complaints of rodents. Also it is significant to note that the number of rat complaints has increased proportionately to the steady growth of new housing projects and to the demolition of unfit and other properties which often leads to unsatisfactory conditions on cleared sites before development takes place. A considerable amount of work on a chargeable basis has been carried out at commercial premises. Infestations dealt with during the year were, in all cases, small.

Maintenance treatments for rats in the sewers of the district were again undertaken and test baits were laid with satisfactory results.

Complaints of other types of pests have again been received in increasing numbers during the year, and the Department was able to help or advise in most cases. Where treatments were given, a charge for the service was made.

The number of cases where such treatments were requested are set out below:

Wasps' nests	...	...	166
Ants	...	...	23
Cockroaches	...	...	29
Bees	...	...	26

Mosquito control still continues to form a large part of the work of the pest control service. During recent years it has been found necessary to continue the early treatments



of mosquito larvae to be found in the many ponds and pools in the district and to follow up these treatments with fogging techniques during the summer months. The nuisance is now more of a fringe nature caused by mosquitoes breeding in areas outside the Urban District and being wind borne to harbourage within the boundary.

### PUBLIC RELATIONS

For many years a policy has been adopted of accepting invitations to address local organisations and other interested groups on aspects of the work of the Department, and I would like to see more requests of this nature being made. Part of this activity is devoted to the achievement of good public relations by addressing local organisations to explain the problems which beset a local authority in endeavouring to provide environmental health services of high standards, and in explaining the responsibilities of a Public Health Department. In addition, we endeavour to help specialised educational authorities where the syllabus includes public health administration. During the past year, in the pursuit of these objectives, 42 lectures and addresses have been given.

### PUBLIC CLEANSING

It becomes an increasing burden each year to operate the public cleansing services with reasonable efficiency and to the satisfaction of the ratepayers, with the twin problems of lack of disposal sites and adequate labour for refuse collection remaining unsolved.

Throughout the year the length of life of the only available tipping site, that at Martyr's Lane, could be measured in months, and that was only achieved by using every ounce of ingenuity possible to extend it.

During the year the Council had before it the interim report of the consultants, Brian Colquhoun & Partners, on all available systems of mechanical refuse disposal, and a later report recommending the purchase of a compost plant manufactured by Head, Wrightson & Co. Ltd. After long and earnest consideration of the project, the Council felt unable to adopt it on the grounds of very high cost, and recommended instead that further investigation into other less costly methods of mechanical refuse disposal be undertaken.

Arising out of this, attention was directed to a new method of pulverisation known as the Seerdrum system. The plant is available on a rental basis and is of relatively simple design. The Council subsequently agreed to the adoption of this system as the short-term remedy for Woking's refuse disposal problem, and it is anticipated that by the end of 1966 two Seerdrum units will be in operation.

Negotiations for the use of about 20 acres of low-lying land at Whitmoor for the disposal of the pulverised material were in hand at the end of the year.

On the refuse collection side, the labour situation became steadily worse during the year creating situations of extreme frustration to staff and annoyance to ratepayers.

In a serious attempt to safeguard the once-weekly collection, the Health Committee recommended the introduction of a pilot scheme of paper sack collection in 4,000 dwellings to examine at first hand the possibilities of the system from the labour saving point of view.

The Council adopted the recommendation and the scheme should be in operation in the Byfleet, West Byfleet, and Pyrford areas in the first few months of 1966.

The paper sack system of refuse storage is in use in a number of towns, and varying claims are made about its success.

Disregarding its merits or demerits on hygienic or other grounds and considering it only on the possibilities it offers on time saving in the collection operation, it should be possible to achieve savings in manpower of up to one-third.





SCHOOL  
HEALTH  
SERVICE



EDUCATION COMMITTEE

1965/66

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\*CLR. MRS. M.M. WALMSLEY

Surrey County Council Appointed Members:

ALD. H.S. CAWSEY  
MRS. J.V. CHEATLE

MR. H.H. KIMBER

Teaching Members:

\*MR. L.J. COWEE  
MISS V.L. HILL

Selected Members:

\*MR. A.D. CAMPBELL  
\*MRS. M. EDWARDS  
\*MR. A.G. EVERSLED

\*indicates members of Education (Schools and Further Education) Sub-Committee.

# WOKING EDUCATION COMMITTEE

## TO THE CHAIRMAN AND MEMBERS OF THE WOKING EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report on the School Health Service in the Woking area for the year 1965.

The scheme of medical inspections remains unchanged from previous years but the medical inspections have been spaced to take place at regular intervals at a specified time - weekly, fortnightly or monthly - depending on the size of the school. This has greatly been appreciated by the Head Teachers of the Schools in which we piloted the arrangement, as it helped to incorporate the school inspections into the general pattern of routine work of the school and made the School Health Staff available to the Head, the Staff and the parents throughout the year. The Doctors and Nurses found themselves accepted more readily. This arrangement has now been extended to over half the schools.

Except for a slight increase in the number of verminous heads the general standards of physical fitness and cleanliness remain satisfactory. Absence from school on account of infectious disease was small. Measles, Chickenpox and Scarlet Fever accounting for the majority. Absence for short periods for mild cases of diarrhoea occur regularly at certain Primary Schools and the illness is difficult to control. Immunisation and vaccination programmes in respect of Diphtheria, Tetanus, Poliomyelitis and Tuberculosis were maintained.

A full programme for dental inspection and treatment was also carried out. The number accepting treatment has increased and it would appear that there is some improvement in the teeth of schoolchildren as less than half the children inspected required treatment and a much smaller proportion required extractions. It is sincerely hoped that this improvement is sustained in the future.

In the special treatment section the staffing position has much improved to last year. The Child Guidance Clinic was able to give us a full service throughout the year and in addition, two meetings of Medical Officers and Health Visitors were held to try to effect a greater liaison and understanding of the work being done at the clinic.

Among the other sections, items of note are:-

Deaths in schoolchildren were unusually high, there being 10 deaths, three due to accidents.

Health Education in the Schools has been stepped up. A scheme of choosing a topic each term and supplying Head Teachers and Staff with details of all available material and also producing a special display stand is gaining popularity and is increasingly used. The topics chosen this year were Personal Cleanliness, Care of Feet and Immunisation, with special attention to B.C.G. My thanks



are due to Mrs. Purser, School Nurse, for her enthusiasm and hard work in the Health Education Section.

I am indebted to the administrative and clerical staff in the School Health Section for their help throughout the year and in preparing this report.

In conclusion, I would like to thank the professional staff who did most of the field work; the Head Teachers for their willing co-operation; Miss J.M. Paddon and her staff and other Chief Officers for their valuable assistance; and the Education Committee for their support.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. L. KARNEY

Medical Officer of Health.

STAFF EMPLOYED IN SCHOOL HEALTH SERVICE  
MEDICAL, DENTAL AND HEALTH VISITING STAFF

SCHOOL MEDICAL OFFICER

Dr. P.L. Karney, M.B., B.S., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICER (Full-time)

Dr. J.D. Grant, M.B., B.Ch., B.A.O., D.P.H. (to 31.8.65.)

Dr. M.M. Edmondson, M.B., Ch.B. (from 25.10.65.)

SCHOOL DENTAL SURGEONS

Dr. J.E. Sprunt, L.D.S.

Mr. J.H. Pitman, L.D.S. (from 21.4.65.)

Mrs. B.P. West, L.D.S. (Part-time)

Mr. B.L. Macey-Dare, L.D.S. (Part-time to 20.4.65.)

Mr. T. Edwards, L.D.S. (Part-time to 20.4.65.)

Mr. D. Monnickenden, L.D.S. (Part-time to 20.4.65.)

SUPERINTENDENT HEALTH VISITOR

Miss C.E. Berry (to 12.9.65.)

NURSING OFFICER

Miss M.P. Wood (from 13.9.65.)

HEALTH VISITORS

Miss H.M. Arthur

Miss E.M. Bristow

Miss A. Carty (to 12.1.65.)

Miss V.A. Chapman

Miss E.M. Christopher

Miss J.E. Dicks (to 24.1.65.)

Mrs. M.V. Franklin

Mrs. M. Hatfield (Part-time  
from 1.9.65.)

Miss M.E. Holt

Mrs. G. Marshall

Miss B.M. Martin

Miss M. Scott

Miss E.G. Spratt

Mrs. J. Wainman

Mrs. M. Yoxall (Part-time  
from 1.9.65.)

SCHOOL NURSES (S.R.N.)

Mrs. M. Purser (Part-time)

Mrs. E.A. Shaw (Part-time)

DENTAL ATTENDANTS (Full-time)

Mrs. P. Langley

Mrs. M.A. Hoare (from 15.6.65.)



## ARRANGEMENT OF SECTIONS

1. POPULATION AND SCHOOLS
  - (a) Maintained Schools
  - (b) Independent Schools
2. MEDICAL INSPECTION
  - (a) Routine Medical Inspection
  - (b) Special and Re-examinations
  - (c) General Physical Condition
  - (d) Cleanliness
  - (e) Cases of infectious diseases and contacts
3. DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS
4. TREATMENT OF DISEASES AND DEFECTS
  - (a) Attendance at School Clinics
  - (b) Work carried out at Eye Clinics
  - (c) Routine Audiometry and Hearing Defect Clinics
5. SPECIAL FORMS OF TREATMENT
  - (a) Child Guidance
  - (b) Speech Therapy
  - (c) Special Audiology and Hearing Defect Therapy Clinics
  - (d) Convalescent treatment
6. DEATHS OF SCHOOL CHILDREN
7. DENTAL INSPECTION AND TREATMENT
8. EMPLOYMENT OF CHILDREN
9. IMMUNISATION AND VACCINATION
  - (a) Diphtheria/Tetanus Immunisation
  - (b) Poliomyelitis Vaccination
  - (c) B.C.G. (Tuberculosis) Vaccination
10. HANDICAPPED PUPILS
11. PROMOTION OF HEALTH
  - (a) Health Education in Schools
  - (b) School Meals and Milk
  - (c) Sanitary Inspection of school premises
12. STATISTICAL TABLES

## 1. POPULATION AND SCHOOLS

### (a) Maintained Schools

The maintained school population of the area at the end of 1965 was as follows:-

Primary	...	...	...	6,566
Secondary	...	...	...	4,447
Special	...	...	...	179
TOTAL				<u>11,192</u>

The number of Primary and Secondary Departments in the area on the 31st December 1965 was:-

Secondary	...	...	...	7
Primary	...	...	...	21
Special	...	...	...	1
TOTAL				<u>29</u>

### (b) Independent Schools

Independent schools may make application for school medical and dental inspection and treatment to be made available to their pupils. In Woking one such school has so far made such an application.

No. of Pupils - Primary	170
Secondary	100

## 2. MEDICAL INSPECTION

### (a) Routine Medical Inspection

The systematic Routine Medical Inspection by age groups is undertaken in the area as follows:-

Primary	(	(i) On entry	)	
	(	(ii) During year in which	)	Complete Medical
	(	age 8 is reached	)	Examination
	(	(iii) On entry	)	Ditto
	(	(iv) During year in which	)	
	(	age 13 is reached (if	)	
Secondary	(	more than a year from	)	Eye Test Only
	(	last routine inspection	)	
	(	(v) During year in which	)	
	(	age 15 is reached	)	
	(	(vi) During year prior to	)	Complete Medical
	(	leaving school (if	)	Examination
	(	more than one year	)	
	(	after last routine	)	
	(	inspection)	)	



Children are also inspected at any time at the request of the parent or head teacher.

3,452 children were examined at Routine Medical Examinations during the period: parents were present for 1,820 (52.75%) of these examinations.

(b) Special and Re-examinations

Children who may be potential handicapped pupils physically or mentally are supervised and followed up more regularly and children who are receiving treatment or recommended for treatment are reinspected. During the year, 349 such special examinations and 176 re-examinations were carried out.

(c) General Physical condition

The general physical condition of a pupil examined at a Routine Medical inspection is determined by the personal assessment by the Inspecting Medical Officer.

Of the 3,452 pupils inspected at Routine Medical Inspections, 6 children (0.17%) were found to be unsatisfactory in general physical condition.

(d) Cleanliness

During 1965 Health Visitors visited schools in the area for the purpose of Cleanliness inspections.

Seventy-three pupils were found to have verminous heads. There were no cases of verminous bodies.

(e) Cases of infectious diseases and contacts

Five hundred and twenty-eight pupils suffered from various infectious diseases during the year and 15 pupils who were contacts were also excluded. There were 37 cases of Scarlet Fever and 220 cases of Chickenpox among those with infectious illness.

3. DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS

The following table shows the percentage of defects found at Routine Medical Inspections during 1965:-

Number of pupils examined	...	...	...	3,452
Number of pupils found with defects for treatment	...	...	...	352
Percentage of pupils in need of treatment				10.2%
Number of defects requiring observation	...			2,239
Number of defects requiring treatment	...			395

#### 4. TREATMENT OF DISEASES AND DEFECTS

##### (a) Attendance at School Clinics

Attendances at General Medical and Minor Ailment Clinics during 1965 were as follows:-

Disease	First Attendance	Second and Subsequent Attendances
Skin Diseases		
Ringworm	-	-
Scabies	-	-
Impetigo	2	-
Other Skin Diseases	39	24
Eye Diseases	9	-
Ear Defects	103	2
Other defects and minor ailments	69	13
TOTALS	222	39

In addition, 849 attendances were made for other reasons, including medical examinations for employment, diphtheria immunisation and follow-up examinations.

##### (b) Work carried out at Eye Clinic

The table below gives details of work carried out at Clarence Eye Clinic during the period:-

Number of attendances	... ..	806
Number of individual patients examined		725
TREATMENT		
Errors of refraction (including squint)		740
Glasses prescribed	... ..	217



(c) Routine Audiometry and Hearing Defect Clinics

The routine testing of hearing of school children age 6 - 7 years is carried out separately by the Council's Audiometrician as part of the routine medical inspection.

Each child is tested individually and an audiogram constructed for those with significant hearing loss. Children failing the tests are followed up and examined by an Assistant Medical Officer. Where necessary they are referred for the opinion of the Special Audiology Clinic or to the hospital services after consultation with the general practitioner concerned.

No. of school children tested by audiometry	1,440
of whom 174 failed the test	

Referred to the Audiology Clinic	10
----------------------------------	----

To the general practitioner	21
-----------------------------	----

To the E.N.T. Consultant	16
--------------------------	----

The remainder were kept under observation at the General Medical Clinic or at special medical examinations at school

## 5. SPECIAL FORMS OF TREATMENT

### (a) Child Guidance

The Woking Child Guidance Clinic is situated at "Penlee", Claremont Avenue, where the Psychiatrist in charge is Dr. D. Maclean. The catchment area extends to include the greater part of the North-Western Division of Surrey, and the day to day administration of the clinic is controlled by the County Medical Officer.

The following is an abbreviated report kindly sent from Dr. Maclean:-

"We are glad to have the help of Dr. Simon Lindsay for two sessions a week. In addition, Miss Ogle was appointed full-time Educational Psychologist in August and we had the services of two new Social Workers for four sessions a week. This additional staff was a great help in reducing the waiting list.

We are still seeing cases that come between the ages of 7 and 10 years for difficult and anti-social behaviour. These are often chronic cases and have been disturbed for 4 - 5 years. We would like more referrals of young children and in an effort to effect better liaison, I spoke to several Parent/Teacher Associations and Young Wives Groups and we had a useful meeting with the School Medical Officers and Health Visitors. The work of the Remedial Class is very welcome and it is hoped that a similar service is set up for Secondary Schools."

The table below gives details of Woking pupils who attended the clinic during the year:-

Cases referred during 1965	...	...	...	61
New cases seen	...	...	...	35
Discharged during 1965	...	...	...	17
Waiting list 31st December 1965	...	...	...	9

### (b) Speech Therapy

Speech Therapists are employed on a part-time basis at Clarence Avenue Clinic, Woking, and "Penlee", Claremont Avenue, Woking. In addition, a Speech Therapist is employed to carry out Speech Therapy at The Park Special Day School and St. John's County Primary School.

This service also has a catchment-area which extends beyond the Urban District boundary and is therefore similarly administered centrally by the County Medical Officer.



Details of the work carried out by Speech Therapists during the year are given below:-

No. of Treatment Sessions	...	...	...	365
No. of Consultation Sessions with parents and teachers	...	...	...	2
No. of children treated during the year	...			143
No. of children discharged during the year				
(a) Cured	...	...	...	22
(b) Improved	...	...	...	28
(c) Other reasons	...	...		31
No. under treatment at end of year	...	...		102
No. awaiting treatment on 31st December 1965				29

(c) Special Audiology and Hearing Defect Therapy Clinics

In addition to the routine screening for hearing defects at infancy and the routine audiometry of school children at 6 - 7 years, the County Council have appointed a Specialist Audiologist to supervise and co-ordinate the medical services for children with hearing and speech defects.

Dr. Beet, the County Audiologist, conducts a special audiology clinic at which the Audiometrician, Speech Therapist and peripatetic Teacher for the Deaf attend and to which all children with any hearing defect are referred. This clinic is held at "Penlee" each week, on Thursday. During the year, 80 children were referred to this clinic.

Found to have normal hearing	...	...	59
Found to have impaired hearing needing a hearing aid	...	...	1
Found to have impaired hearing but not needing a hearing aid	...	...	1
Those remaining under supervision not fully assessed at the end of the year	...	...	15

(d) Convalescent treatment

The Council's scheme provides for free convalescent home treatment in respect of any pupil attending a school, or educational establishment maintained by the Education Authority, or attending an independent school for which school health service facilities have been made available. Pupils may be recommended for such treatment by School Medical Officers up to a period of four weeks.

During 1965 six pupils received convalescent treatment under this scheme.

## 6. DEATHS OF SCHOOL CHILDREN

During the year 10 deaths of school children were reported - 3 deaths due to accidents, 4 due to respiratory disease (two super imposed on congenital heart conditions), a case due to a sarcoma, a case due to Leukaemia and lastly a case of intracerebral haemorrhage.

## 7. DENTAL INSPECTION AND TREATMENT

The following table shows the number of children who were examined by the Dental Surgeons at Routine and Special Inspections, and the number referred for treatment during the year.

Number inspected	...	...	...	...	...	12,465
Number found to require treatment	...	...	...	...	...	6,198
Percentage found to require treatment	...	...	...	...	...	49.72%

During the year, 1,956 school children received dental treatment at School Dental Clinics. This represents 31.78% of the number of children offered treatment, although a number of children treated were referred in 1964 and some referrals will be treated in 1966.

## 8. EMPLOYMENT OF CHILDREN

244 initial examinations or re-examinations were carried out by School Medical Officers during the period to ascertain the fitness of school children to undertake part-time employment. 165 children were examined in this connection; one child was found to be unfit.

Nineteen children were examined during the year to enable pupils to take part in entertainment. All were found to be fit.

## 9. IMMUNISATION AND VACCINATION

### (a) Diphtheria/Tetanus Immunisation

A comprehensive programme of immunisations against Diphtheria and Tetanus was pursued during the year.

The Diphtheria Immunity Index at the 31st December 1965 in the 5 - 15 age group was 48.3. This index is the percentage of school children who have, within the last five years, received either their first course of injections or a subsequent reinforcing dose.

### (b) Poliomyelitis Vaccination

Details are given below of the administration of Poliomyelitis Vaccine to pupils in 5 - 16 age group during 1965.

#### (i) Complete Primary course by Oral Vaccine 77



## (c) B.C.G. (Tuberculosis) Vaccination

The Council has a scheme for voluntary B.C.G. vaccination against T.B. for children age 13 years which has recently been extended to include children approaching that age, school children age 14 or older and students attending establishments of further education.

## B.C.G. vaccinations carried out during 1965 -

No. consented to vaccination	...	...	1,032
No. vaccinated with B.C.G.	...	...	856
The percentage of total age group receiving vaccination	...	...	66.71

## 10. HANDICAPPED PUPILS

It is the duty of the County Council as an educational authority to make suitable provision for children who are handicapped and who require special educational treatment, since they cannot be educated satisfactorily under the normal conditions of an ordinary school. Many handicapped pupils can receive appropriate education in ordinary schools if suitable special provision is made. Some handicapped pupils require special educational treatment in special schools and hostels.

At the end of the year 179 pupils were on the handicapped pupils register, of which 62 were attending schools provided by the Surrey Education Authority and 34 were placed in independent special schools or similar schools with other Authorities, and 20 were receiving special educational treatment at hospital, private school or at home. The remaining are in ordinary schools receiving special education or awaiting placement in special schools.

There are two special educational units in the Woking delegated services area, namely The Park School for educationally subnormal pupils, with 120 places for boys and girls 7 - 12 years of age, and the Partially Hearing Unit attached to the Woodlands Infants School with 8 places for boys and girls of infant school age. Children in both these units are all medically examined each year by an Assistant Medical Officer and are also under the supervision of Senior Medical Officers specialising in handicapped children. In addition special provision is made for special treatment such as Physiotherapy, Speech Therapy and Audiometry to be given at these two units. Children attending special schools not included in the County Educational Scheme are reviewed each year by either a Senior Medical Officer, as above, or by an Assistant Medical Officer.



## 11. PROMOTION OF HEALTH

### (a) Health Education in Schools

Information on health matters in the form of material and advice on the teaching of health subjects has continued to be furnished to teachers and pupils. Each term a special topic has been chosen and the schools informed of all the available material and a special display stand is produced and made available. The work of teachers has been supported by that of Health Visitors and Medical Officers, especially in such subjects as Mothercraft, Parentcraft and Child Care. The special programme of Dental Health Education by Dental Officers and their staff was extended to Secondary Schools this year.

### (b) Provision of meals and milk

The following tables gives statistics as to the number of pupils receiving mid-day meals at maintained schools on a day in October 1965

No. in attendance	No. taking meals	% taking meals at		
		Full Cost	Half Cost	Free
10,285	7,091	97.61	-	2.39

The number of children taking free milk at school on a day in October 1965 was as follows:-

Maintained Schools	Independent Schools	% of total pupils attending school
7,816	1,643	75.99

### (c) Sanitary inspection of school premises

Formal sanitary and hygiene inspections of school premises and reporting of the same to the Management Committee or Governing body of the school and to the Education Committee is done each year. There is some overcrowding in schools as would be expected with the rapid increase in school population in recent years, and although some improvements in sanitation have been effected, there is need for further improvements. Some school kitchens require attention.

A number of schools have built their own swimming pools and the newer pools have proper filtration and chlorinating plants.

## 12. STATISTICAL TABLES

### ROUTINE MEDICAL INSPECTION

TABLE I

- A. Routine Medical Inspections  
Number of Pupils Inspected  
and their Physical Condition
- B. Special Inspections  
Number of Pupils Inspected
- C. Infestation with Vermin
- D. Infectious Diseases and  
Contacts

### DEFECTS FOUND IN SCHOOL CHILDREN

TABLE II

- A. Defects found at Routine  
Medical Inspections
- B. Number of individual pupils  
found at Routine Medical  
Inspections to require  
treatment (excluding  
uncleanliness and dental  
diseases)

### TREATMENT OF DISEASES AND DEFECTS

TABLE III

- A. Diseases of the skin
- B. Eye diseases, defective  
vision and squint
- C. Diseases and defects of ear,  
nose and throat
- D. Orthopaedic and postural  
defects
- E. Other treatment given
- F. Audiometry - Hearing Tests
- G. Audiology - Hearing Defects

### DENTAL INSPECTION AND TREATMENT

TABLE IV

- A. Dental Inspection and  
Treatment carried out

### HANDICAPPED PUPILS

TABLE V

- A. Handicapped pupils at  
31st December, 1965

TABLE 1  
A. - ROUTINE MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical condition of Pupils Inspected
		Satisfactory
(1)	(2)	(3)
1961 and later	-	-
1960	432	431
1959	259	258
1958	63	63
1957	965	963
1956	38	38
1955	26	26
1954	284	282
1953	267	267
1952	124	124
1951	176	176
1950 and earlier	818	818
TOTAL	3,452	3,446

B. - SPECIAL INSPECTIONS

Number of Special Inspections ...	...	349
Number of Re-inspections ...	...	176
		<hr/>
TOTAL	...	525
		<hr/>

C. - INFESTATION WITH VERMIN

(i) Number of children examined ...	1,912
(ii) Number of individual pupils found to be infested ...	73
(iii) Number of individual pupils in respect of whom cleansing notices were issued ...	Nil
(iv) Number of individual pupils in respect of whom cleansing orders were issued ...	Nil



D. - CASES OF INFECTIOUS DISEASES AND CONTACTS

Disease	Suffering	Excluded on Suspicion	Contacts Excluded	Total Exclusions
Small Pox	-	-	-	-
Diphtheria	-	-	-	-
Scarlet Fever	37	-	7	44
Enteric Fever	-	-	-	-
Measles	163	-	2	165
Whooping Cough	4	-	-	4
German Measles	60	-	-	60
Chicken Pox	220	-	4	224
Mumps	18	-	2	20
Jaundice	-	-	-	-
Other contagious diseases	25	-	-	25
Tuberculosis:-				
Pulmonary	1	-	-	1
Non-pulmonary	-	-	-	-
TOTALS	528	-	15	543

DEFECTS FOUND IN SCHOOL CHILDREN

TABLE 11

A. - DEFECTS FOUND AT MEDICAL INSPECTIONS

DEFECT OR DISEASE	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin	27	137	52	4
Eyes				
(a) Vision	184	560	7	31
(b) Squint	3	62	-	2
(c) Other	3	30	-	4
Ears				
(a) Hearing	18	82	29	50
(b) Otitis Media	-	25	-	4
(c) Other	5	18	1	1
Nose or Throat	41	290	5	17
Speech	19	70	28	16
Lymphatic Glands	-	53	-	-
Heart & Circulation	2	35	3	5
Lungs	5	91	2	4
Developmental -				
(a) Hernia	1	17	1	-
(b) Other	5	96	2	5
Orthopaedic -				
(a) Posture	12	92	-	12
(b) Feet	14	122	-	4
(c) Other	11	143	3	12
Nervous System -				
(a) Epilepsy	-	10	-	1
(b) Other	1	32	2	5
Psychological -				
(a) Development	1	24	4	19
(b) Stability	2	66	6	8
Abdomen	-	22	-	24
Other	41	162	20	15

# B. - PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Table 11 A	Total Individual Pupils
1961 and later	-	-	-
1960	19	24	44
1959	18	24	41
1958	1	11	4
1957	21	47	68
1956	5	10	11
1955	2	5	4
1954	9	16	18
1953	23	18	36
1952	4	12	8
1951	5	17	15
1950 and earlier	80	24	103
TOTAL	187	208	352

## TREATMENT OF DISEASES AND DEFECTS

TABLE 111

### A. - DISEASES OF THE SKIN

	Number of cases known to have been treated during the year
Ringworm	
(a) Scalp	Nil
(b) Body	Nil
Scabies	Nil
Impetigo	2
Other skin diseases	88
TOTAL	90

### B. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	20
Errors of refraction (including squint)	740
TOTAL	760
Number of pupils for whom spectacles were prescribed	217



# C. - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:-	
(a) for diseases of the ear	1
(b) for adenoids and chronic tonsillitis	174
(c) for other nose and throat conditions	26
Received other forms of treatment	9
TOTAL	210
Total number of pupils in school who are known to have been provided with hearing aids:-	
(a) in 1965	2
(b) in previous years	23

## D. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	33
(b) Pupils treated at school for postural defects	-
TOTAL	33

## E. - OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	122
(b) Pupils who received convalescent treatment under School Health Service arrangements	6
(c) Other than (a) and (b) above	
1. Heart	2
2. Lungs	5
3. Nervous system	3
4. Lymphatic glands	-
5. Development	16
6. Abdomen	12
7. Psychological	3
TOTAL (a) - (c)	169

# F. - AUDIOMETRY - HEARING TESTS

The following table gives details of the number of children tested and the results of investigations of children who failed the test during 1965.

	Routine Examina- tions	Retests and Specials	Total
(1) No. of children tested	1241	199	1440
(2) No. of children who failed test	95	79	174
(3) Result of investigations by School Medical Officers:-			
(a) No significant hearing loss	49	43	92
(b) No significant hearing loss, but child appears mentally retarded	6	2	8
Deafness due to:-			
(c) Catarrhal condition (with or without inflammation of ear)	12	18	30
(d) Old otitis media	11	5	16
(e) Injury	-	-	-
(f) Other causes	8	8	16
(g) Undetermined cause	9	3	12
(h) Untraced or left district	-	-	-
(i) Already supplied with hearing aids	-	-	-
(j) Investigations remaining to be carried out	-	-	-
	95	79	174
(4) Recommendations			
(a) No action required	22	16	38
(b) For observation only	36	22	58
(c) Referred to Audiology Clinic	5	5	10
(d) Referred to General Practitioner	15	6	21
(e) Referred to E.N.T. Consultant	11	5	16
(f) Special position in class	10	12	22
(g) Hearing aid and supervision by teacher of deaf	1	-	1

G. AUDIOLOGY - HEARING DEFECTS

Ages	New Cases referred to Audiology Clinic	Not fully assessed by end of previous year	Found to have normal hearing	Found to have remediable hearing loss	Found to have impaired hearing needing hearing aid	Found to have impaired hearing but not requiring hearing aid	Not fully assessed by end of year	Total Examinations at Audiology Clinic during the year
0-2	16	1	15	-	-	-	2	17
2-5	37	1	31	5	-	-	3	42
5-7	11	1	8	2	-	-	2	13
7-11	13	3	4	3	1	1	7	18
14+	3	-	1	1	-	-	1	6
TOTAL	80	6	59	11	1	1	15	96



# DENTAL INSPECTION AND TREATMENT

## TABLE IV

### A. - DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING 1965

#### 1. Attendances and Treatment -

First Visit	...	...	...	...	...	1,956
Subsequent Visits	...	...	...	...	...	2,692
Total Visits	...	...	...	...	...	4,648
Additional courses of treatment commenced	...	...	...	...	...	192
Fillings in permanent teeth	...	...	...	...	...	2,724
Fillings in deciduous teeth	...	...	...	...	...	1,293
Permanent teeth filled	...	...	...	...	...	2,357
Deciduous teeth filled	...	...	...	...	...	1,096
Permanent teeth extracted	...	...	...	...	...	243
Deciduous teeth extracted	...	...	...	...	...	722
General anaesthetics	...	...	...	...	...	214
Emergencies	...	...	...	...	...	59
Number of pupils x-rayed	...	...	...	...	...	140
Prophylaxis	...	...	...	...	...	147
Teeth otherwise conserved	...	...	...	...	...	312
Number of teeth root filled	...	...	...	...	...	9
Inlays	...	...	...	...	...	1
Crowns	...	...	...	...	...	9
Courses of treatment completed	...	...	...	...	...	1,567

#### 2. Orthodontics

Cases remaining from previous year	...	...	...	...	101
New cases commenced during year	...	...	...	...	37
Cases completed during year	...	...	...	...	23
Cases discontinued during year	...	...	...	...	22
No. of removable appliances fitted	...	...	...	...	91
No. of fixed appliances fitted	...	...	...	...	3
Pupils referred to Hospital Consultant	...	...	...	...	1

#### 3. Prosthetics

Pupils supplied with F.U. or F.L. (first time)	...	...	...	...	10
Pupils supplied with other dentures (first time)	...	...	...	...	19
Number of dentures supplied	...	...	...	...	29

#### 4. Anaesthetics

General Anaesthetics administered by Dental Officers	Nil
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#### 5. Inspections

(a) First inspection at school	Number of pupils	12,465
(b) First inspection at clinic	Number of pupils	278
Number of (a) + (b) found to require treatment		6,198
Number of (a) + (b) offered treatment	...	6,154
(c) Pupils re-inspected at school clinic	...	190
Number of (c) found to require treatment	...	131

#### 6. Sessions

Sessions devoted to treatment	...	...	...	833.4
Sessions devoted to inspection	...	...	...	98.5
Sessions devoted to Dental Health Education	...	...	...	22.5

# HANDICAPPED PUPILS TABLE V

A. - TABLE SHOWING PARTICULARS OF HANDICAPPED PUPILS AT 31ST DECEMBER, 1965

Category	Total Handi- capped Pupils	DISPOSAL															
		Recommended Special School or Hostel								Under Review							
		In Special School or Hostel				Parents refuse Consent				Tuition in Hospital or Special Units				In Ordinary School			
		Provided by Surrey		Other		Total		On Waiting List		Home Tuition		At home or in Private School					
		B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
Blind	2	-	-	2	-	2	-	-	-	-	-	-	-	-	-	-	-
Partially Sighted	1	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Deaf	1	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Partially Deaf	21	9	-	2	2	2	2	1	-	-	-	-	-	16	4	-	2
Educationally sub-normal	57	28	36	19	1	-	37	19	1	-	8	2	1	1	2	5	2
Epileptic	3	1	2	1	-	2	1	1	-	-	-	-	-	-	-	1	-
Maladjusted	8	6	1	1	3	4	4	1	-	-	-	-	-	-	-	3	1
Physically Handicapped	17	4	1	-	7	8	1	1	-	1	1	1	1	-	-	3	1
Delicate	15	5	1	-	8	2	9	2	-	-	-	-	-	1	-	3	1
Speech Defect	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-
TOTALS	126	53	41	21	26	8	67	29	1	-	10	3	18	6	2	15	13













